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PUERPERAL ECLAMPSIA.

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By way of preface I should say that the physician in this country is his own druggist and carries his supplies with him. What he does not have in the way of drugs or instruments he does without, since he can neither buy nor borrow for emergencies. Hence, the doctor, when he starts on a twenty-mile ride, has to select what he shall take and what he shall leave. To the patient it is far more important that he should take quinine than that he should take a thermometer; that he should take *veratrum viride*, rather than a sphygmograph. So when your country practitioner has made a selection of drugs, and crammed into his bags a few plasters, with a very few of the most common instruments, he has a load for his "one horse." These circumstances account for the omission of some important details in the histories following; and moreover, when at this terrible juncture the friends of the patient, in great anguish, are appealing to you for succor, if you do not lose your presence of mind, your attention will be wholly occupied with efforts of relief, rather than in the application of instruments of precision.

CASE 1.—March 4th, 1874. Mrs. D., white, married, æt. 20, primipara. Saw her at 5 A.M. Has sore mouth and headache. Skin moist, pulse normal. Bowels and bladder just evacuated. Recurring pains at intervals of five minutes. Digital examination reveals the os uteri

thin, dilating, dilatable, vertex presenting but not yet engaged in superior strait. 9 A.M. Very little advancement. Pains more frequent and stronger. Without warning, had a convulsion at 11.20 A.M., which lasted three minutes. After this administered Squibb's strong ether, by inhalation, but at 12 M. she had another convulsion. Ruptured membranes, used forcible dilatation, and pushed the ether, but not to the extent of complete anæsthesia. 2 P.M. Labor advancing; withheld ether, when she went into another convulsion. After this kept her under the partial influence of ether till the birth of a living male child, weighing nine pounds, at 3.30 P.M. Had used fʒ xij ether. Everything was arranged for the mother's comfort, but at 4 P.M. had another convulsion. Gave—

R. Chloral, gr. xv
Potass. bromid., gr. xx,

in syrup, once in three hours. At 4.30 P.M. she lay moaning, skin hot, pulse 120. At 6 P.M. had another convulsion.

March 5th. No more convulsions. Patient could recollect none of the occurrences of the previous day. Mother and child doing well. Uninterrupted recovery.

CASE 2.—April 5th, 1875. At 9 P.M. called to Mrs. W., married, multipara, æt. 24. Complains somewhat of frontal headache. Pains have been getting stronger and more frequent for some hours. Examination revealed os uteri dilating and dilatable. Had entered on second stage of labor, vertex presenting, first position. Three or four pains delivered a living female child with cord around its neck. Severed cord and passed the child to a nurse. In twenty min-

utes removed secundines entire. I should have stated that during third stage of labor gave fld. ext. ergot, \mathfrak{z} j, with brom. pot., grs. xxx. Applied binder, and everything was arranged for the mother's comfort. We were sitting around congratulating her upon her happy delivery, when, without any warning, she had one of those dreaded convulsions. When she began to breathe naturally again, administered chloroform by inhalation, to partial anæsthesia, whenever patient manifested restlessness, till 1 A.M., March 6th, when I gave her pulv. Doveri, grs. viij, which was vomited. At 4 A.M. the same was repeated and was retained. At 7 A.M. gave brom. pot., grs. xxx, with tr. verat. virid., gtt. vj, and repeated the same in four hours. 6 P.M. Has had several hours' quiet sleep. Recollects none of the occurrences of previous night after the convulsion.

April 7th. Mother and child doing well.

April 8th. Secretion of milk established. From this time on recovery was rapid and complete.

CASE 3.—May 7th, 1878, S. B., colored, unmarried, primipara, aged 19, very robust build; would weigh, perhaps, 185 pounds; attendants say she began staggering about and talking like a crazy person, twelve hours previous to my visit, 9 A.M. Had had a number of fits; none could tell how many. Was now comatose, tongue swollen and protruding, breathing laborious, frequent, stertorous; pulse 90 and small. Tied up the arms and opened a vein in each, at the elbow. Let the blood, which was of a very dark color, flow until it ceased spontaneously, when about \mathfrak{z} xxx had been withdrawn. Found the pulse had improved. Attempted forcible dilatation of os uteri, but without success.

R. Chloral, gr. x
Pot. brom., gr. xx,

in syrup every three hours. At 5 P.M. no more convulsions; breathing improved; tongue withdrawn; some feeble labor-pains, and labor had advanced to second stage; vertex presenting; fœtus evidently dead. If I had owned obstetric forceps, I would have delivered my patient at this time, but was forced to leave all to nature, only giving a cathartic to stimulate expulsive pains.

May 7th. During the past night she was delivered of a dead fœtus; still unconscious, and has evacuated bladder and rectum in bed, without warning. Ordered her to have ergot and quinine.

May 9th. Consciousness has returned, but recalls nothing of the events of the past three

days. Complains of frontal headache, with great stiffness and soreness all over.

She made a rapid recovery.

CASE 4.—February 19th, 1880. F. W., single, white, primipara, robust and healthy. Had been complaining of headache and feeling badly for a day or two. Was taken with convulsions at 4 A.M., and I saw her at 2 P.M.; just passed through a convulsion. Tongue swollen and protruding, bleeding in places; breathing labored, frequent and stertorous; examination showed first stage of labor begun; os uteri thin, dilating and dilatable. Tied up both arms and punctured veins at elbow. The right arm bled to \mathfrak{z} xx, the left refused to bleed.

R. Brom. pot., gr. xxx
Morph. sulph., gr. $\frac{1}{2}$,

every hour. Gave chloroform by inhalation, and attempted to turn and get hold of the feet, but without success. Chloroform was pushed whenever she manifested great restlessness. At 4.30 P.M. second stage of labor had been completed, and having no forceps with which to deliver the child, I made an incision in the vertex of the already dead fœtus, and inserting my finger, soon accomplished delivery.

I now found hour-glass contraction of the womb, but with a little time and considerable exertion delivered secundines entire; at the same time stimulating the uterus to contract by kneading. At 5.30 P.M. tongue withdrawn; breathing much improved; pulse soft and compressible.

R. Calomel, gr. ij
Sulph. morph., gr. $\frac{1}{4}$,

every six hours.

February 20th. Consciousness returned during the night. She has no recollection of the occurrences of the previous day. Symptoms favorable.

February 25th. Recovered.

CASE 5.—November 28th, 1880. Called to see Mrs. M., æt. 28, white, married, the mother of four children, the youngest seven days old. In her confinement had been attended by a midwife, and nothing unusual was noticed, except the patient was despondent, and frequently spoke of dying. She also had persistent headache; had no dropsy, nor had received any injury. Forty-eight hours before I saw her all thought she was doing remarkably well, when suddenly she gave a loud scream, followed by another. She said her head had burst, that she was going to die, and implored her husband to take good care of the children. Shortly after this she had a terrible convulsion, requiring the strength of three men to hold her in bed, biting her tongue, and frothing at the mouth. She never regained conscious-

ness, and had convulsions, recurring at intervals of less than an hour, for the next eighteen hours. When seen by me she had had no convulsions for five or six hours; skin cold and clammy; breathing rapid and superficial; pulse almost imperceptible; eyes fixed and staring. In a few minutes death ended the scene. *No post-mortem.*

CASE 6.—June 1st, 1881. Mrs. W., white, married, fourth pregnancy. Saw her at 7 A.M. Attendants said she had had two hard fits, about half an hour apart; that it still lacked two or three weeks of her term; that she had passed large quantities of urine the night before; that she had complained very much latterly of persistent frontal headache; that just before each fit she had vomited bile mixed with mucus and saliva. She now vomited again, and attendants warned me she would have a fit. In a few moments I saw her eyes become fixed, her face drawn strongly over the left shoulder. Then commenced one of those terrible convulsions seen only in puerperal eclampsia, with her face drawn strongly to the left. Convulsion lasted between three and four minutes, patient biting her tongue and frothing at the mouth; remaining comatose several minutes after convulsion ceased.

As this patient was not in robust health, I resolved to try the morphia treatment. I, therefore, dissolved sulph. morph., grs. ij, and gave at once, *per orem*. Upon examination I found feet and legs slightly oedematous, os uteri high up, thin, dilated to the size of half a dollar. Made strenuous efforts at further dilatation, with some success. Head presentation—head not large, and pelvis roomy. At 9 A.M. she began vomiting again, and, fearing another convulsion, I applied chloroform to her nose; but it was too late. She went off into another fearful convulsion, her head this time drawn strongly to the right. I now tied up her arm and bled to $\frac{3}{4}$ xx. I also gave hypodermic injection of one and one-half grains sulph. morph. into the cellular tissue, over deltoid muscle. This made her drowsy, and I made still further efforts at dilatation. At 11 A.M. her respirations numbered ten per minute, pupils contracted, pulse 80 and full. She made another effort at vomiting, followed by convulsion. I now had the temerity to dissolve two grains more of sulph. morph., and administer *per orem*. At 1 P.M. patient profoundly comatose, respirations eight per minute. Without premonition she had a violent convulsion. After this had ceased the outlook was gloomy, indeed. Respirations sighing, as if each one would be the last, and numbered only four per minute. By

my attempts at dilatation the respirations improved slightly, and at the end of an hour's hard work succeeded in applying long forceps and delivering a living female child weighing seven pounds. Child seemed fully developed, was cyanotic, and respiration was established with some difficulty. The placenta being removed, the mother was put to bed. Respirations four per minute, and sighing. Kept up artificial respiration by elevating arms above the head and bringing them back again to the sides for some hours. Gave strong, black coffee, and stimulating doses of carb. ammon. with quinine.

June 2d, 8 A.M. Patient has just recovered consciousness; recollects nothing since first convulsion; respirations almost normal; pulse 60, full volume; complains of headache, and of being sore and stiff all over. The child lived but twelve hours.

June 3d. Patient continued to complain of her head for some weeks, and, aside from an occasional cathartic, she had

R. Potass. bromid.,	gr. xx
Tr. hyoscyam.,	f $\frac{3}{4}$ ss
Tr. nuc. vom.,	gtt. v.

in syrup, three times a day.

June 30th. Patient able to be about the house, though still feeble and complaining of her head. At this writing she enjoys her usual health.

I offer a few deductions of my own, the value of which each one may determine for himself:—

1st. The division of puerperal convulsions into three classes, as is done by some obstetricians, is entirely without foundation. Hysterical convulsions are hysteria; epileptic convulsions are epilepsy; apoplectic convulsions are apoplexy; while puerperal convulsions, or eclampsia, are *sui generis*, and without relief, tend to death.

2d. I consider Case 5 to be the course of puerperal eclampsia when unchecked by medical art. I have the first case to hear from that recovered without aid.

3d. In Case 6, I would have the reader note; (a) The head drawn first to one side and then the other, showing that the irritant is equally in both hemispheres of the brain; proving, as I believe, that these attacks are not apoplectic: (b) That no amount of morphia compatible with life will arrest all cases of puerperal eclampsia.

4th. Note that frontal headache is a prodrome in every case; and in every case where the fact was noted at all the os uteri was thin and stubborn in character, and the labor pains were irritating and inefficient.

5th. The temperature was not taken in these cases; but I do not think there was great depart-

ure from the normal in a single case, unless it was lowered.

6th. If the urine had been tested after convulsions were established, doubtless albumen would have been found, as it is in all cases in which respiration is interfered with, and hæmaturia is imperfect.

7th. I would treat puerperal women with persistent headache by the exhibition of brom. pot. and nux vom. At inception of labor would give xx grain doses of chloral. After a convulsion I would bleed, deliver as rapidly as possible, give chloroform by inhalation at evidences of recurring convulsions, since they recur rhythmically, and the time of one seizure passed over, there is a lull, so to speak, until the next period of excitation. I would use chloroform so long as convulsions threatened, and use only moderate doses of opiates or other drugs.

PAPILLOMA OF THE RIGHT VOCAL CORD FOLLOWED BY ACUTE PHTHISIS.

Read before the Philadelphia Laryngological Society,
BY JOS. B. POTSDAMER, M.D.

Mary M. first came under my care in September, 1879, presenting the following family history: Her mother died of "consumption of the throat?" following exposure to wet and cold. Two brothers died of scarlet fever. A brother and sister are living, in ordinary health. The sister has a goitre.

Her history is as follows: When four years old, she had an attack of scarlet fever with sore throat. Every following winter until her fifteenth year she suffered from an ulceration of the throat, which was never burnt, with the exception of when she had scarlet fever. She makes a statement that "it was swabbed at that time with some black stuff." From the symptoms, such as confinement to bed in a sitting posture, attended with fever, we would come to the conclusion that the recurring attacks of sore throat were severe. Besides, the patient was only able to swallow liquids, which caused severe pain in the sub-maxillary region.

When about fifteen years old, she used for her sore throat twenty drops of spirits of turpentine in gum arabic water, three times a day, for two days, when she was caught in a rain and was drenched. There or four hours afterwards she lost her voice, but partially recovered it the next day. For the dysphonia she consulted a physician, who burnt her throat, which relieved the attending pain, but not the hoarseness. A series of quack remedies followed. In the spring of

1875 she went to the Northern Dispensary, where she was told she would have to undergo an operation. She was examined with laryngoscopic mirrors. From here she went to the Brown Street College. Here a homœopathic physician gave her some powders without affording any relief. In the summer of this year she tried Case's inhaler.

In September, 1879, she came to the throat department of the Jefferson College Hospital. At this time she was nineteen years old, 4 ft. 8 inches high, and weighed 95 lbs.; general health good. Here she was examined by Dr. Isaac Barton and myself, but we were unable to obtain a view of the interior of the larynx, owing to the fact that the epiglottis was depressed. We then referred her to Dr. J. Solis Cohen, who also failed in obtaining a view of the larynx. He ordered that we should endeavor to draw the epiglottis up permanently, by raising it by means of the laryngeal forceps every other day. This treatment was diligently pursued for about a month without raising the epiglottis sufficiently to enable us to obtain a view of the interior. Shortly after this, Dr. Cohen, while examining the patient, announced that he had at last been enabled to see the vocal cords, and that there was a papular growth on the right one. This was the only time that a view of the interior of the larynx was ever obtained. In October of this year she called my attention to an enlargement of the thyroid gland, which disappeared completely under the local use of the tincture of iodine.

During December, the patient visited Dr. Cohen. While at his office one day, she had a slight hemorrhage, attended with a suffocative spasm. At this time she had occasional attacks of these spasms, for which the Doctor ordered nitrite of amyl.

On the 3d of January, 1880, I was called in attendance at her house, and found the patient suffering from marked dyspnoea. It was with the greatest difficulty that she could breathe. The respirations were hurried, short, and gasping. The pulse was over 120. This attack lasted thirty-six hours, was relieved by nitrite of amyl and large doses of bromide of potassium. The attack resembled the suffocative spasm of croup. The patient was unable to lie down; at times she grasped her throat, as if to relieve herself of a foreign body. At intervals during the attack the respirations were natural.

Taking all the circumstances of the case into consideration, I put her upon the following treatment: Tincture of the chloride of iron, cod-

liver oil, and the compound syrup of the hypophosphites. The physical signs of the chest at this time, about January 15th, 1880, revealed somewhat rough vesicular breathing, with clear percussion sounds. The patient improved during the spring and discontinued her visits in the early summer. About April of this year she called my attention to the fact that she missed her menstrual period. Thinking this one of the early symptoms of beginning phthisis, I told her not to worry, but wait a few months, and perhaps the periods would return of their own accord. The treatment ordered at the beginning of the year was not given with the idea that the patient was suffering from any lung trouble, but, considering her weak condition and the previous history, with the idea of preventing it.

On October 14th of that year she came to my office to consult me in regard to a cough. She told me that since she last saw me she enjoyed excellent health. On physical examination I found she was suffering from an ordinary attack of bronchitis, for which I gave her muriate of ammonia, and she was well in a few days. At this visit she told me she was married, and engaged me to attend her in confinement. I now saw her occasionally, examining the larynx and lungs. The former I was never able to see; the latter exhibited nothing abnormal. On December 28th I was called, about 8 o'clock in the evening, and was told she was in labor. On physical examination, I found she was suffering from dilating pains, which were infrequent, and continued so until the evening of January 4th, 1881, when, finding the os uteri dilated to the size of half a dollar, I applied a large belladonna ointment to it. This caused the os to dilate rapidly and the child was born a few hours later. After the ordinary period of "lying-in," the mother was able to go about as usual. Having a bountiful supply of milk, she nursed the child at the breast. I visited her occasionally, examining the lungs at times, but never detecting any change.

Toward the end of July she complained of pain in the left ear, accompanied by a purulent discharge. She went to the country before I had an opportunity to examine into the cause. Owing to the fact that the baby had ileo-colitis, she returned to the city on the 5th of August. I then examined the ear and found a perforation of the membrana tympani. The chest at this time revealed the following physical signs: right side, marked bronchial breathing, both anteriorly and posteriorly, with crackling at the apex. Marked dullness on percussion over the whole

of this side of the chest. Left side: beginning bronchial breathing over all this side, more marked toward the apex; percussion sounds somewhat dull. From this time on the case rapidly progressed to a fatal issue. About the middle of October the patient occasionally had attacks of suffocation somewhat similar to those previously described. Toward the latter part of this month the right ear became affected in the same way as the left one. For a week prior to death the patient was troubled with a persistent diarrhoea. During the last month of life the pulse varied from 120 to 140 beats per minute; the respirations from 48 to 60 per minute; temperature from 99° to 100.5°. This lasted until November 11th, when she died. It was impossible to obtain a post-mortem examination.

Although she nursed her child up to within six weeks of her death, it was against my direct instructions. I insisted, early in the summer, that she should wean it, but she would not listen, and it was only when she became confined to her bed that she did so. The child, a boy, is at this time apparently healthy.

The patient always attributed the dysphonia to the use of the turpentine. Considering the history of exposure to wet and cold, followed by aphonia, I concluded that the origin of the larynx trouble was an acute laryngitis which the patient suffered from at that time. The failure of the inflamed larynx to return to its natural state is due partly to improper treatment. Still, owing to the tubercular dyscrasia, with the best of treatment I doubt whether the larynx could have been restored to its normal condition. I base this opinion upon the fact that cases of subacute and chronic laryngitis in patients with a tubercular tendency seldom recover entirely; but eventually tubercle is found in the lungs, and after a period of three or more years the individual falls a victim to the disease. Two cases bearing out this statement have been before the Society, one in the spring and the other in the fall of last year.

The laryngitis becoming chronic gave rise to the papillomatous growth. That this is not of infrequent occurrence, is a fact supported by some of the best authorities.

The statement of Dr. C., of the Northern Dispensary, in the spring of 1875, "that the case would require an operation," would indicate that he obtained a view of the interior of the larynx and saw a growth there.

The laryngeal symptoms of the case in question did not materially alter during the three years that the patient was under my care, except

that her voice was stronger in summer than in winter. During the last two or three weeks of the patient's life her voice was very weak, which I attributed to the extreme exhaustion, and not to any change in the tissues of the larynx.

The perforations of the tympanic membranes were due to the deposit of tubercle in them.

Whether this was a case of pure tuberculosis of the larynx, preceding the deposit of tubercle in the lungs, or whether it was a case of chronic laryngitis with a papillomatous growth on the right cord, followed by pulmonary phthisis, is a question which I am not ready to answer, owing to the fact of being unable to make satisfactory laryngoscopic examinations, and to the absence of a necropsy. If the former, it goes far to prove two mooted points, to wit: 1st. That the deposit of tubercle in the larynx may and does, at times, precede its deposit in the lungs. 2d. That cases of primary tuberculosis of the larynx may live longer than three years from the onset of the disease.

Hughes Bennett's article in Reynolds' System of Medicine, Vol. II, page 119, "On the Causes of Phthisis," says: "As a general conclusion, we hold to the belief that the great cause of tubercle is weakness of constitution, or diminished vital power, however produced."

This explains why my patient became a victim of pulmonary disease. She being a girl in delicate health, with laryngeal disease, going through life without a change either for the better or worse. She marries, becomes pregnant, and has a child. This child, notwithstanding instructions to the contrary, she nurses at the breast until unable to do so any longer. What is the result? The extra drain upon her system is more than her nature can withstand, and the fuel which was ready to be ignited suddenly takes fire and rapidly consumes the victim.

IMPACTED CERUMEN; SOME OF ITS CAUSES AND TREATMENT.

BY DR. GEORGE F. SOWERS,
Of Philadelphia.

If there is one thing more than another the treatment of which the general practitioner dreads, and upon which, in our so-called great medical schools, either he or the student, owing to the lack of lectures and demonstrations, can obtain little or no information about, it is the ear and its diseases; and while we confess that the subject does not permit of much brilliancy in manipulations, nor of apparently startling results, yet we must admit that in dealing

with a man's hearing we have almost as important a factor to dispose of as when his sight, locomotion, and speech are the issues involved. Aside from actual structural disease, by which we mean the involvement of the essential portions of the auditory apparatus and the nerve of audition, we find that there is no more common cause of deafness in all its modifications, from inability to hear slight noises and sounds to absolute loss of hearing, than the impaction of masses, either moist or dry, of cerumen; further, there is hardly any agency which can be productive of more irreparable injury, when allowed to remain undisturbed in situ, than this substance; for while it is a natural product of the canal in which it is found, and while a certain amount of it is essential to the well being of the ear, yet it is one of those blessings which, when enjoyed to too great an extent, results in a curse. In considering the disorder under discussion it may be well to place our remarks under certain general heads, such as the cause, production and varieties of impaction, its relationship to aural eczema, the symptoms, general and special, by which the complaint may be characterized, the best plans of treatment, etc., etc. And first, as to the cause of the disorder; at this season of the year we have in profuse perspiration and bathing the two most common causes of impaction, the mechanism being as follows: a small piece of cerumen is lying loosely in the auditory meatus; a drop of perspiration, or in bathing, a little water, finds its way into the canal and carries along with it the fragment, until its further progress is prevented by its coming in contact with the membrana tympani, against which it lodges. The victim of the accident does not at the moment particularly notice what has taken place, or if he does he simply supposes that a few drops of water have "gotten into his ear," as he expresses it, and that they will shortly work their way out. The fact transpires, however, that this desirable consummation does not take place, and after a time a certain sense of uneasiness and fullness of the meatus, and difficulty of hearing, make themselves manifest. As a means of relieving the condition, the patient instinctively inclines his head to the side affected, and goes through a series of jumping gymnastics, in the hope of dislodging the water. It may now take place that a gush of warm water escapes from the meatus, which, however, the patient finds does not altogether relieve him of his uneasy sensations. Instead of a cessation of his troubles, he now begins to experience a series of noises in the head and ears, which are as various as there are sounds under heaven,

the more common being those resembling the ringing of bells, the whistle of escaping steam, the roar of sea-shells, etc. Associated with this condition there may or may not be more or less pain, which will vary in character from the pricking of needles and pins to merely a sense of pressure, or the pain may even be sharp, shooting, and neuralgic in character, being felt over the supra-orbital, temporal, and posterior auricular regions.

The state above described may be, for convenience sake, styled the acute condition or stage of impaction; and while, of course, the picture may be drawn a little more vividly than is generally witnessed by the physician, yet it is a true picture. He does not see it often, for the reason that the case has generally passed into the second stage of the disease before it comes under his notice, or into that condition in which the acute symptoms having been borne by the patient, and having subsided, may better be classified as a chronic condition, in which impaction proceeds gradually, layer after layer of cerumen being deposited, and, in consequence, an increasing pressure made upon the drum-head.

Now, of course, a different and yet the same series of symptoms will take place ere the third stage of the trouble is reached. But before considering these new manifestations and the third stage, let us review a new agency in the production of the impaction. It is an old saying that cleanliness is next to godliness; we would paraphrase this axiom somewhat by adding to it that too much cleanliness is not unfrequently next to deafness. There be those who labor under the impression that to secure clean ears it is essential that the meatus be daily scoured out by copious drenching of soap and water, that it is necessary that a corner of a towel shall be twisted into something of a probe shape, and that this, being smeared over with Castile or other soap, shall be passed deeply and with a rotary motion into the ear. Others, again, employ bodkins and hair-pins in order to dig out the wax, whereas, in many instances, they only succeed in pushing a large proportion of it further in. It is not an unusual experience among those who have the opportunity of examining a large number of ears, to find the meatus occluded by a mixture of soap and cerumen, the former having been introduced as above noted, the rotary motion employed serving still further to lodge the soap in position and to push any loose fragments of cerumen further back into the canal. There seems to be set up, under the irritation of the alkalies in the soap, a condition of chronic aural eczema, which, in fact,

has been so commonly noted in the aural clinic of Jefferson Medical College Hospital, by Dr. Laurence Turnbull and his chief assistant, Dr. Chas. S. Turnbull, to whom I am indebted for favors in the production of this paper, that the trouble is diagnosed and docketed as "soap eczema," into the modifications of which complaint we shall enter later. I have the notes of a case in which, mixed with the impacted cerumen were fragments of slate pencil which the boy admitted having introduced. There was present a state of acute eczema, the meatus being red and inflamed; in this case the pain resembled that produced by the pricking of needles and pins.*

We come back, now, to some of the symptoms of the stage of chronic impaction, and we find the patient complaining of loss of hearing, noises in the head, *itching of the aural canal*, neuralgias, indistinct tinnitus, which he refers to various parts of the head, troubles due to involvement of the sympathetic nerve, through the branches supplying the ear; at times some slight discharge. His condition may be better and worse at different times; there may be, at times, intense lancinating pains in the ear, or a neuralgic condition of the whole corresponding side of the face, referable at times to neuralgia of the teeth, and a variety of such symptoms. On testing the hearing by the watch, it is found decidedly deficient, though the sound of a tuning-fork struck and held in the air may readily be recognized, thus differentiating the trouble from catarrhal conditions. It is a curious fact, however, that in some of these cases of chronic impaction there is present no tinnitus, pain, nor discharge, the only symptom being gradual and persistent loss of hearing. Now the patient is apt to charge the condition upon having been repeatedly the subject of colds, and while we admit this statement in coming to a diagnosis, we must also remember that the condition is very apt to be the symptom of some local skin disease, more especially eczema in one of its four most common forms, and that when the impaction is due to disease of the external meatus, the color of the impacted cerumen is changed from the rusty red of a simple impaction of healthy cerumen, to any shade between rusty red and jet black, the exfoliation in cases of eczema being incorporated intimately with the cerumen. In those in whom malaria has obtained a seat, especially if they be the victims rather of the dumb than the frank variety of the disease, the indistinct feeling of numbness which is at times present in those suf-

* Notes Case 1011, Jefferson Medical College Aural Clinic, 1881.

fering under impaction of cerumen, affecting more especially the temporal and lateral facial regions, may lead to their being treated only for the malarial condition, the real cause of the trouble being entirely overlooked, and so, of course, not treated. I do not think that I am alone in having seen cases whose only symptom of malaria was a persistent, or at times recurrent, tinnitus and numbness, the trouble rapidly yielding to an anti-malarial plan of treatment. Now, there are cases with similar symptoms, in whom a close examination alone will reveal the exciting cause. As a cause of chronic impaction, the shape of the ear must be taken into account. In old women who wear caps with strings fitting down back of the ears, so as, in a manner, to jam the posterior walls of the meatus externus forward, as it were, thus narrowing the canal and bringing the walls in abnormally close apposition, thus deepening, while, at the same time, more or less occluding the channel through which the secretion should normally find free exit, impaction is a very common event. The concha being thus artificially forced forward results in the production of the state known as "box ears." Of course, such a mechanical factor would have to be considered when it came to the question of treating such a case.

In these cases of chronic impaction, whether in the second or third stage, which last we have yet to consider, and in which they are particularly marked, there may be many sympathetic symptoms, the irritation being transmitted through the ganglia of the sympathetic in this region, indistinct headaches, troubles in vision, etc., being very common, these disappearing when the cause of the disorder is removed. In some cases the patient, thinking to provide a remedy for what he supposes is an impending abscessed condition, from the symptoms present at times, applies a poultice. This application is occasionally followed by a more or less abundant serous discharge, especially in eczematous conditions.

After remaining in the condition which we have denominated the second stage of impaction, there gradually begins to take place a crystallization of the constituents of the first deposited layers of cerumen; the crystals of cholesterine shoot out and interdigitate, forming a whitish-gray pellicle or mass, which is not visible through the speculum until the more recent and still semi-solid deposits of cerumen have been removed. It is now that the great destructive agency of impacted cerumen is made evident. The constant pressure of the sharp crystals against the delicate membrana tympani eventually results in an irri-

tation and consequent inflammation of that membrane, which, unless promptly checked by the removal of the exciting cause, results finally in its ulceration and total destruction. The mischief, however, does not stop at this point, but may go on to a true otitis media, the essential bones of audition become involved, and the ear, as an acoustic instrument, is rendered entirely worthless. Lucky indeed is the patient if the case does not go on, by reason of the involvement of the temporal bone and the production of meningitis, to a fatal termination. In examining an ear in which the pressure of the stage of crystallization of cholesterine is suspected it is necessary to employ the head mirror, as both hands should be entirely free, in order to make the necessary manipulations for the removal of the mass. In those cases where ulceration has not yet commenced the drum-head will be found more or less thickened, opaque, and sunken, and the adjacent integument of the meatus more or less swollen and inflamed, presenting, at points, certain florid granulations, the passage being extremely sensitive, not, at times, even permitting of the passage of the speculum. These granulations and the sensitiveness may not be discoverable till after the removal of the masses of desquamated epithelium which frequently occlude, more or less, the calibre of the meatus. We have said that the primary cause of impaction may be an eczematous state of the meatus auditorius externus, and the question may be presented for consideration as to what extent the eczema may proceed; it may be laid down almost as a rule, that a case commencing as primary desquamative eczema will pass progressively, if untreated, through all the stages ordinarily assumed by that disease. In the first stage there is present simply a scaly desquamative condition of the skin, accompanied by more or less itching and irritation, or sometimes there being no further inconvenience than the mere scaling. The disease is now in a state to be readily and promptly cured, the removal of the exciting causes alone, frequently, being all that is required; the chief exciting causes may be laid down as too frequent and too copious washing of the ears, especially when soaps of different kinds are freely employed; it matters not whether the finest Castile or the commonest brown soap is used, the results are the same. If allowed to proceed on its way uninterrupted, the disease soon involves the true skin or derm in its ravages; this step in its progress being manifested by the presence and discharge of a more or less copious serous secretion; from this condition the third stage, of

ulceration, is soon evolved, terminating frequently, after prolonged suffering and inconvenience, in a hypertrophic condition of the integument of the meatus. As to the treatment of these conditions we shall speak later, in summing up the method of cure in all the different forms of impaction. In taking the history of a number of cases of impactions of cerumen from different causes, one's attention is particularly drawn to the fact of the involvement of the throat and fauces in the difficulty, as well as of the mucous membrane of the nasal passages.

In looking over a record of cases treated at the aural clinic of the Jefferson College Hospital, service of Dr. Turnbull, who kindly placed the books at my disposal in preparing this paper, entries like the following are, *in part*, the rule, rather than exception: M. G., employed in spice mill; has no pain, tinnitus or discharge; hearing distance normal, or nearly so, in right ear; left meatus filled with desquamations; *membrana tympani*, left ear, thick and opaque; *nasal passages inflamed*; *chronic pharyngitis and enlarged tonsils*; the hearing impaired for four years past.

Again, Case No. 1015. Cannot hear watch on contact; the *membrana tympani* thick and sunken; *throat and tonsils swollen*; impaction of cerumen present, the meatus being in an eczematous, scaly condition; has used palm soap freely every day. In the case of J. O. the same history comes again to the fore: mucous membrane of the nasal passage slightly thickened; that of the throat in like condition, and tonsils enlarged; and so it is with numbers of others; so that it would be well, in all cases of impaction, for the physician to go a step beyond the state actually complained of, and to study the condition of the throat; and, in fact, the rule may be as well applied *vice versa*, in obstinate chronic pharyngeal inflammations.

The question of treatment of these different conditions may now appropriately be considered. In those cases where we have to deal with a simple uncomplicated condition of impaction, lukewarm water and a syringe may be all that will be required to restore the ear to a normal and healthy condition. Where, however, impaction has passed beyond such a simple means for its removal, medicinal agents must be called into requisition. The simplest remedy, then, is glycerine, either alone or in combination with a little water; the patient being placed with the head reclining toward the opposite side to that being treated, a few drops of glycerine are dropped into the meatus; having been allowed to re-

main *in situ* for some minutes, the ear should be washed out with a mixture of glycerine and water, and then thoroughly dried. These applications should not be made more than twice in the twenty-four hours, under any circumstances, for, if too often repeated, more harm than good may result. If, however, the means considered fail to afford relief, we have in borax a very efficient agent by which to accomplish the end desired, namely, such a degree of solution of the cerumen as will admit of its ready removal by the syringe. A very good formula for the employment of this drug is as follows:—

R. Sodii bromid. pulv., ʒj
Glycerinæ
Aque, aa ʒij. M
Sig.—Warm, and drop into the ear.

When the impaction consists of a crystalline mass, which, by ulceration, has destroyed the *membrana tympani*, and forced itself into the middle ear; or even when external to the membrane, it is almost useless to employ the syringe alone; the use of a long, delicately tapering forceps is necessary for the removal of the mass, care, of course, being taken not to roughly handle the parts that are already in a state of irritation. A solution of alum may then be applied twice a day, if the indications point to the employment of astringents. If the fauces, etc., require it, they should be treated systemically as well as locally, for in many cases the patient presents an anæmic state of the system. As a gargle he may employ chlorate of potash and muriate of ammonia. If, now, eczema is the agent at work producing the mischief, another plan of treatment must be pursued. The first and grand law is "absolute prohibition of the use of water, or of water and soap, for the purpose of cleansing the ears." This is a *sine qua non* for the success of whatever else may be done. In those cases where the eczema has simply progressed as far as the first stage, an ointment of the yellow oxide of mercury, made of the strength of from one to two grains of the oxide to the drachm of cosmoline, and applied thrice a day, not only to the meatus itself, but also to the *membrana tympani*, is very useful. If an ulcerative condition is present the nitrate of silver is the remedy *par excellence*. If, however, the hypertrophic stage of the disorder has been reached there is no better application than that of the ol. cad., by means of a camel's-hair pencil. If the patient insists on cleaning his ears out, let him use the end of a dry towel upon which a little cosmoline has been placed, taking care not to force it far back into the meatus; but it would be far better if he did nothing in the

matter, but allowed only an experienced hand to conduct his case to a successful termination.

AN EXTRAORDINARY CASE OF MORPHIA POISONING.

BY H. PRAEGER, M.D.,

Of Bethlehem, Pa.,

Ex-Senior Physician and Surgeon to St. Luke's Hospital.

G. B. L., about 50 years of age, of South Bethlehem, Pa., on the morning of December 15th, 1880, complained of a sick or nervous headache, a not unusual thing with him. He took a dose of paregoric, but the pain did not diminish. A little later he took a pill of $\frac{1}{4}$ grain morphia; shortly after repeated the dose till he had taken three or four, apparently without any relief. He then sent for a physician of this place, who on his arrival administered a hypodermic injection of morphia. After an hour or so had elapsed, and no relief was felt, recourse was had to some more pills of morphia. After an hour or so, feeling no relief, he again sent for the Doctor, who administered another hypodermic injection of morphia; this was now about seven P.M. I am not informed as to the quantity of the drug the patient took. At 8.45 I was telephoned by the patient's sister, Miss M. L., who urgently requested my services, stating, at the same time, she believed her brother was dying, and she thought it was from overdoses of morphia. Aware of the fact that death in opium narcosis chiefly occurs through failure in the respiratory function and the circulation, I thought at once of atropia, it being, in my estimation, the most reliable, and perhaps the only agent which exerts a decidedly stimulating effect upon the respiratory centres and cardiac inhibitory centres, and providing myself with a hypodermic syringe and a solution of atropia, I hastened to the bedside of the patient. I was with him within seven minutes of the call.

On scrutinizing his condition, and raising his eyelids, I perceived his pupils to be contracted to the size of a small pin's head, and totally insensible. Coma profound, deglutition entirely suspended; countenance deeply cyanosed; eyes closed; respirations three per minute and stertorous; pulse small, feeble and irregular. The muscles of the limbs and trunk were in a state of relaxation. I immediately administered a hypodermic injection of $\frac{1}{4}$ gr. atropia, with a view of stimulating the cerebro-spinal axis, and thereby exciting the action upon the vaso-motor nerves; moreover, to strengthen cardiac contractions, and thereby increase arterial pressure, which in

opium narcosis is very much diminished, through paralysis of the vagus. While waiting twenty minutes, I applied, in the meantime, sinapisms to the præcordial region, with a view of stimulating the excito-motor ganglionic cells of the heart, and to the calves, with a view of stimulating the peripheral vaso-motor nerves. At the end of this time I gave another hypodermic injection of $\frac{1}{4}$ gr. of atropia. At this moment the family physician arrived; the patient's respiration being then four per minute and the cyanosed condition somewhat abated.

I stated to the Doctor that, in my opinion, the best treatment would be the continuance of the atropia, with the addition of caffein and the electric battery; to which he replied, "well, if that is the best thing to do, let us keep on." Upon this I hurried to my office, quite near, to procure my battery and the solution of caffein. During my absence, and while preparing the battery for action, the doctor administered to patient two injections, one of $\frac{1}{8}$ gr. atropia and one of 2 grs. caffein. When ready, I applied one electrode to the neck, while the other I moved along the margins of the ribs, so as to influence the diaphragm, and perhaps the ganglionic nerves. Inquiring if the patient had false teeth, I at the same time pressed down the chin, to examine, and found that the tongue had fallen back into the pharynx, from relaxation of its muscles, due to narcotism. I immediately grasped the organ and drew it forward, holding it in its new position; at once the stertor ceased, the breathing became less laborious and more natural, the respirations being then about $4\frac{1}{2}$ per minute. The hypodermic injections were continued until about 11 o'clock; the tongue being kept forward; the respirations increasing at the rate of about one per hour, and being at this time about six per minute.

At this time the physician, in the presence of the patient's family and friends, exclaimed, "Dr. Praeger, I don't think this is a case of morphia poisoning." Why, Doctor, what else could it be? To which he replied, "Well, well, I don't think it is a case of morphia poisoning." I then said, Doctor, it surely is not cerebral apoplexy, for, as you see, there is no throbbing of the carotids, the pupils are contracted and the eyelids closed; nor is it asphyxia, as you see there is no swelling of the veins of the head and neck, eyes are not bloodshot, nor do they protrude from their sockets; nor is it uræmia. "Well, I could not say, but I don't think it is morphia poisoning." Under this condition of disagreement, the family thought it necessary to call in a third physician; a telegraphic

message was sent to Dr. S. W. Gross, narrating the facts of the case; an answer was received stating that the atropia treatment, etc., was correct. Nevertheless, a second telegram was sent, requesting his immediate presence. An express train was at once ordered, at Ninth and Green streets, Philadelphia, and by 1.30 A.M. Dr. Gross was at the patient's bedside. While viewing the case, several members of the family anxiously asked his opinion, to which he said, "It is a case of morphia poisoning." He then turned to me and asked what treatment I had pursued. I told him. He then said to all that were present, "All that can be done has been done." On seeing the gradual amelioration of his general condition continue, nothing more was suggested nor done, except as regards the tongue of the patient, which it was still found necessary to hold out, and which was held until about 9 o'clock A.M. I kept at the patient's bedside and closely watched for any untoward symptoms. At about 7 o'clock A.M. his respirations were 12 per minute; at this time I made a vigorous effort to rouse him. I shook and pinched him, and shouted loudly in his ears, at which he slightly raised his eyelids, and again relapsed into an apparent state of coma. At the end of half an hour or so I made another attempt to rouse him, but without avail; half an hour later he opened his eyes and made an effort to speak. I persisted in my attempts to keep him awake, and by continually shaking him, and hallooing loudly into his ear, he finally raised himself up in bed. His cerebral symptoms gradually subsided from this moment. There was now headache, nausea, and vomiting; his tongue was necessarily much swollen, tender, and painful, undoubtedly due to the constant pressure and irritation caused by the holding of it with the fingers, and presented features not unlike that of glossitis; these conditions lasted several days, during which time, at the request of the family, I continued my visits.

HOSPITAL REPORTS.

WESTERN PENNSYLVANIA HOSPITAL,
PITTSBURGH, PA.

SERVICE OF J. B. MURDOCH, M.D.

Reported by JOHN J. BUCHANAN, M.D., Resident.

Sarcoma of Lower Jaw; Removal; Recovery, with Recurrence.

Mary H., widow, aged 35, was admitted to the house, January 5th, 1882, with an enormous enlargement of the left side of the lower jaw. She stated that the trouble had commenced six months before, by a swelling the size of a pea on the alveolar border of the lower jaw. This she

attributed to irritation by a broken molar tooth in the upper jaw. Since that time the swelling had progressively increased. At the time of her admission the growth extended from a line connecting the outer canthus of the left eye with the same mastoid process above to a line on a level with the larynx below. From side to side the mass extended from the right corner of the mouth to the left mastoid process. The left eyelid was very oedematous and the eye closed. From the wing of the nose on the right side to the middle of the body of the jaw was two and three-fourths inches. Between the same points on the left side was six and a half inches. The skin near the point of the chin was red, tense and evidently infiltrated. The growth moved with the jaw and involved it from the canine tooth on the right side to the articulation on the left. The great vessels of the neck appeared to be merely pushed backward. The floor of the mouth was extensively infiltrated, but the tongue had escaped, being pushed far back and to the right. The woman had the cancerous cachexia, complained of sleeplessness and constant pain.

Operation.—On January 12th the patient was anesthetized, and the tumor removed by Dr. J. B. Murdoch, assisted by members of the staff and the residents. An incision was made from a point in front of the tragus, along the position of the body of the jaw, to a point one-third of the distance from the symphysis to the angle on the right side. An incision was then made to include the affected integument. A third incision was made through the median line of the lower lip. The facial artery on the right side was secured and twisted at each extremity. On the left side it was wanting, having been absorbed from pressure. A number of other vessels required torsion. The integument was then reflected upward and downward from the original incision. The body of the jaw was divided with the saw at the position of the canine tooth on the right side. Traction of the mass toward the left put the tissues at the root of the tongue on the stretch. These were divided, separating the tongue from the diseased parts. The tip of the tongue was then transfixed by a stout wire, and the organ drawn forward by it. Strong traction of the jaw toward the left was continued, the dissection carried on from within and the jaw disarticulated. All of the jaw to the left of the right canine tooth was then removed, bringing with it the diseased mass. During the operation there was comparatively little arterial hemorrhage. There was considerable venous bleeding from the large cavity left by the removal of the tumor. This was checked by the actual cautery and persulphate of iron. The cavity was filled with absorbent cotton, and the edges of the flaps united with silver wire and hare-lip pins. The incision was sealed with compound tincture of benzoin.

The weight of the growth was twenty-one ounces. Microscopical examination showed it to be a sarcoma, of the round-cell variety.

In the evening of the day of operation her pulse was very weak and beat 144 to the minute. Her tongue was so well under control as to warrant the removal of the wire. She swallowed, with considerable difficulty, a sufficient quantity of beef essence and milk, which was conveyed to

the pharynx through a soft rubber tube. The edema had entirely disappeared from the eyelid. Morphia, in one-sixth grain doses, was given hypodermically. During the first two days the only inconvenience was from accumulation of saliva in the throat, which was frequently removed with sponge probangs. The cavity was frequently disinfected by syringing with a four-grain solution of potassium permanganate. Feeding was diligently attended to. At the end of the second day the dressings were removed. At the end of the third day the skin flaps were found united, except at one point used for drainage. The cotton was then removed from the cavity inside the mouth. There had been no hemorrhage whatever since the operation. Her pulse came down to 120 per minute. Her maximum temperature was 100.2°.

On the eighth day she had swelling of the tongue, which disappeared in thirty-six hours. On the thirteenth day she developed a sharp attack of facial erysipelas which lasted a week. At the end of the third week she was able to go about the ward, she had gained flesh, her health was much better than before the operation, and she was almost free from pain. The growth, however, was evidently returning, the hollow of the cheek having almost filled up. One month from the time of operation the tumor was growing rapidly, the integument being tense and infiltrated. She was removed from the hospital on February 18th, further operation being thought inadvisable.

MEDICAL SOCIETIES.

OBSTETRICAL SOCIETY OF PHILADELPHIA.

Stated meeting, April 6th, 1882. The President, Edward L. Duer, M.D., in the Chair.

Removal of the Uterus for Fibroid Tumor; Death; Autopsy.

Dr. E. E. Montgomery reported the following case, which had been under his care at the Philadelphia Hospital.

Sarah B. (colored), age 46, widow, native of New Jersey, of temperate habits, has been an inmate of the Philadelphia Hospital for nearly three years. She entered the gynecological ward about the last of February, soliciting the removal of a large abdominal tumor.

The establishment of her menstrual function was attended by severe hemorrhages, but soon became regular. The menses ceased at one time for five years. She has not menstruated for two years. She was never pregnant.

The growth of the tumor, which began eighteen years ago, she attributed to a kick in the abdomen from her husband. The tumor soon acquired great size, filling up the abdomen and pressing against the diaphragm, causing great distress. She has been treated by means of hypodermic injections of ergotine, and later by the earth treatment. The latter was followed by a slight reduction, possibly due to the rest in bed. When she came under my care the abdomen was more prominent than if at full term of pregnancy. Owing to the woman's emaciation and the loss of

muscular power in the walls of the abdomen the mass had settled down into the lower part of the cavity, encroaching but little upon the portion above the umbilicus. A fluctuating surface, evidently the bladder, covers the whole of the lower face of the mass. The tumor was regular in outline and about equal in size on either side the median line. At the upper part of the right side could be felt a smaller, loosely connected mass, between which and the tumor the percussion was resonant. The abdominal walls were freely movable over the tumor, but the latter could be raised or moved from side to side only to a limited extent. Examination per vaginam disclosed the whole uterus involved in the mass, which rested upon the pelvis. The sound could be passed five inches into the uterine canal along the posterior border of the tumor. The posterior lip was thin.

We evidently had a fibroid tumor which had originated in the anterior wall of the uterus and had drawn the bladder up with it as it grew.

In view of the large size of the mass, the anxiety of the patient for its removal, and her general condition, it was decided, after a staff consultation, to make an exploratory incision, and if the adhesions were not extensive above and posteriorly, proceed to the complete removal of the tumor and uterus.

The patient was kept quiet in bed one week, and sulphate of quinia, three grains, tincture of the chloride of iron, thirty drops, were given three times a day. The bowels were regulated by the use of compound liquorice powder. The urine, examined by one of the resident physicians, was found alkaline and contained no albumen.

Operation.—March 17th. Assisted by my colleagues, Drs. Duer, Warder, Parish, Musser and Hatfield, I proceeded to perform the operation under antiseptic precautions, using thymol spray. An incision three inches long was first made down to the tumor and the hand introduced. No adhesions were found above and but one band posteriorly. The bladder was spread out over and closely adherent to the tumor anteriorly. The opening was now extended to the symphysis below and the umbilicus above, and the tumor with some difficulty lifted through. The peritoneal covering of the tumor was burned through with Paquelin's thermo-cautery and the bladder dissected off. The capsule was then raised on either side, permitting ligatures to be passed beneath the broad ligaments. The lower portion of the cervix was then tied in two sections, both surrounded by ligatures, and the mass removed. Although the hemorrhage had not been excessive the condition of our patient now became critical. The pulse was very feeble, indeed, scarcely perceptible; respiration infrequent and sighing. It was only through the persistent care of Dr. Parish in the use of hypodermics of whisky and ammonia and hot water applications over the chest that she survived until the wound could be closed. She was placed in bed and surrounded by hot bottles, ergot and digitalis were given hypodermically, and whisky by the mouth and rectum, but without counteracting the effects of shock. She died two and a half hours after the operation.

At the autopsy a couple of ounces of bloody serum were found in Douglas' cul-de-sac. The kidneys were small, soft, flabby, and upon being opened were found dilated into sacs, the structure of them being largely destroyed. One was full of pus. The ureters were greatly dilated. They were not injured in the dissection for the removal of the mass. The heart was contracted, pale, and empty of blood. The ligatures had been applied around the cervix, one and a half inches above the os.

The tumor was a solid mass, weighing sixteen pounds; its longest diameter, laterally, quite regular in outline, presenting from the right upper surface a smaller mass with an elongated pedicle.

Aside from the necessity of placing such cases upon record to obtain correct statistics, it is of special importance as an illustration of the advantage to be derived from a careful study of the condition of the renal organs previous to the operation, and the increased gravity given by any symptoms that would cause us to suspect a renal lesion. We made no microscopical examination of the urine, so the presence of pus escaped notice,

though its presence should have been suspected from the alkalinity of the urine.

Dr. B. F. Baer considered the examination of the urine a very important point, as albuminous or purulent urine is always a sign of danger.

Dr. H. Beates remarked, that in testing for albumen in urine by means of Hellen's test, he had noticed a singular fact in some instances where the urine was alkaline or but very faintly acid. If the acid was added to the urine before boiling no precipitation occurred, but by reversing the test, boiling first and adding the acid afterward, the presence of albumen was shown.

Dr. Montgomery, in closing the discussion, remarked that, although at the autopsy one kidney was found full of pus, none had ever been observed in the urine. This was, perhaps, due to occlusion of the ureter from pressure by the tumor. If pus were present in small quantity it might be considered to arise from cystitis from pressure on the bladder. But if urine is repeatedly found to be alkaline when no alkalies have been administered, it would indicate the presence of pus although none were found.

EDITORIAL DEPARTMENT.

PERISCOPE.

Occlusion of the Canal of the Os Uteri.

In the *North Carolina Medical Journal*, Dr. T. B. Wilkerson reports the following case:—

Mrs. E. L., married, aged 34, the mother of two children, of a nervous temperament, with a hereditary tubercular diathesis, consulted me in regard to a uterine deformity. She suffered from all the nervous phantasias that the female system is heir to, dating the beginning of her troubles from the birth of her last child, six years ago, at which time there was a rupture of the left side of the external os uteri. Shortly after her labor the following symptoms commenced, and from that time to the date of operation; scarcely an hour out of the twenty-four, during each day, has she been free from pain. These paroxysmal attacks were liable to take place at any moment, beginning with a premonitory darting pain in the lower portion of the pelvic region, extending to and along the middle of the sacral region. There was also a slight hacking cough, intense dyspnoea, with a troublesome smothering sensation, as if a heavy weight was resting on the thorax; excruciating pain in the præcordial region, nausea and headache. These phenomena were greatly increased at the commencement of each menstrual period, attended with severe bearing-down pains at the bottom of the abdominal cavity, closely imitating the throes of labor; and notwithstanding these strong expulsive efforts, hardly a stain of the monthly flow could be discerned.

The patient was placed in Dr. Sims' position, and with his speculum introduced, a good view of

the parts was given. The cervix presented an appearance as if it had been cleanly excised, leaving no lips, and the cervical canal was thoroughly occluded. On the outer left side, about one-quarter of an inch above the marginal edge of the cervix uteri, was a very minute fistulous opening that, with care, a small sound, the size of an ordinary pocket probe, could be made to enter for one and a quarter inches; beyond this point the instrument could not be made to pass. The uterus and vagina were exceedingly sensitive. It was decided to operate. Accordingly, a duckbill speculum was introduced; a long tenaculum was engaged in the upper anterior surface of the neck; a small grooved director was then passed into the fistulous track on the left side, until its point was arrested on the opposite surface. A narrow, conical shaped knife was then passed along the groove of the director to its terminal point. The knife and guide were then carried to the right, a little beyond the central point of the neck, the knife dividing, in its passage, the intervening tissue of the cervix, in a transverse median line. While the knife was held stationary, the director was carried onward to the fundus. This was done in order to be certain that the incision corresponded with the normal canal. The director being then slightly withdrawn, the knife and guide were passed up until the cavity of the womb was reached, slightly nicking the constricted canal. These instruments being withdrawn, and their positions reversed, the left side was treated in a similar manner. This left a straight, cone-shaped canal leading to the uterine cavity. After arresting hemorrhages, an intra-uterine stem,

two inches in length, and about the diameter of a large gum male catheter, was inserted in the canal—the stem being held in position by one of Fowler's pessaries, with a piece of black silk cemented on the under surface of the cut, these instruments being first coated with carbolyzed glycerine. The patient was confined to bed for ten days. The stem was allowed to remain in for six days, and a large-sized gum catheter was passed every third day afterwards, until the time of the next monthly period. Internally, immediately after the operation, she was given, thrice daily, the following pill:—

R. Acid. carbol.,	gtt. xij	
Pulv. opii,	gr. viij	
Quiniae sulph.,	gr. xij.	M.
Ft. pil. No. xii.		

The vagina was thoroughly washed out, twice a day, with carbolyzed lead and opium water. No inflammatory symptoms supervened, while the previous nervous phenomena disappeared. The new outlet remained patulous, without any contraction in its calibre.

In such cases, thorough quietude of the body in a recumbent position, and the fixing of the womb, by means of a properly adjusted cup-pessary, so as to prevent any to and fro movement of the intra-uterine stem against the side of the wounded canal, add much to the chances of a favorable result; for upon the proper maintenance in situ of this intra-uterine instrument depends the future hope of a patulous condition of the organ.

Transfusion.

The *Medical Press and Circular* thus discourses about transfusion:—

Transfusion is to-day by no means a rare operation, and medical men have fully recognized the legitimacy of expecting favorable results from it when practiced under favorable conditions. Those conditions consist in keeping the blood to be injected from coagulating, from cooling, and from the contact of air and the substances it contains. Of all the procedures invented to attain these ends, that of Dr. Roussel (Geneva) merits the preference, in that it has, in his hands, fulfilled all the requirements necessary to the success of the operation. Dr. Roussel, a few days ago, in Paris, performed transfusion. A woman, aged thirty-five, had already five children and two miscarriages. In December last she was six months pregnant, and suffered a great deal. The abdomen was enormous, and she distinctly felt the movements of the child. Two medical men who examined her, believing that they were in presence of an ovarian cyst, sent the woman to Dr. Peau, the celebrated ovariologist. M. Peau recognized at once pregnancy, and as labor had prematurely set in, the woman, refusing to stay in the hospital, was transferred to the house of a midwife, who immediately broke the membranes, giving issue to nearly 20 quarts of amniotic fluid. Twins were successively and easily delivered; one of them lived a couple of hours. The loss of blood was no more than usual, and all appeared to go on well.

On the 1st of January, the eighth day after the

delivery, the woman was seized with flooding, which was apparently arrested by plugging, but, as was afterwards proved, the hemorrhage still went on in the cavity of the uterus. Ten days afterward another attack of hemorrhage occurred, but more serious than the first, and was followed by syncope, convulsive movements, etc. Ergotine and cold aspersions with the horizontal posture mastered it, but the patient was blanched, cold, and affected with cough, accompanied by continued fever. The pulse was 180-140; vomiting, frequent diarrhoea, and complete loss of appetite were the other symptoms observed. The patient was attended by four medical men, including M. Peau, who believed that some uterine fibroma was the cause of the hemorrhage.

On the 31st of January, becoming worse and worse, the woman desired to be brought to her own home. Bismuth, morphine, iron, pepsine inhalations of oxygen, etc., were ordered. The patient, although no new attack of hemorrhage occurred, became weaker and weaker, the vomiting was frequent, and the diarrhoea came on every hour. The fainting was produced every time she attempted to sit up, the cough became more frequent, and the respiration was insufficient. Death was evidently at hand.

At this stage transfusion (direct) was recommended, as a last resource. Dr. Roussel was sent for, and on his arrival found the patient in the following condition: Barely conscious, cold, pale as a corpse, veins invisible, pulse 140, and thready. The heart and lungs were healthy. On the 7th of February, and at five in the evening, the patient being in the position above described, with exception of the pulse, which was now 150, the operation was performed. The sister and the husband of the woman offered their arms, but Dr. Roussel, on inspection, refused the offer, and on inquiring if there was not some large workshop in the neighborhood, hastened to one indicated, and having explained to the workmen the nature of his visit, several came forward ready to give their blood. A young man, small and robust, was chosen. Arriving at the bedside, the transfusor was washed in warm water to which a little soda was added. The thorax of the patient was uncovered, and the left arm was lying straight down by her side. After having mapped out with ink the course of the artery at the bend of the elbow of the young man, the transfusor was applied over the median vein, the same vessel was opened in the arm of the patient, and the canula of the instrument inserted as soon as all the air was expelled from the transfusor. This was affected by plunging the bell of the instrument in warm water, which, by means of the ball pump, was sucked up so as to completely fill the tube, expelling all the air. The two subjects were now united by an uninterrupted canal, through which the blood was allowed to flow gently. After four ounces were injected, the patient drew a long breath, and on being questioned said that she felt a sensation of warmth going up from the arm to the chest. As soon as six ounces were transfused the operation was arrested, as a slight convulsive movement was observed in the patient. The wound in the arm of the man was dressed and he returned to his work.

As to the patient, color was observed in her hitherto blanched cheeks, her lips were red, and her eyes brilliant. She spoke with strength and vivacity. She felt herself strong and well. Dr. Roussel having warned her that a shivering generally came on (due to the reëstablishing of the equilibrium of the vasomotor system) a short time after the operation, which would be followed by profuse sweating and refreshing sleep, hot tea and rum were held in readiness. In half an hour the shivering came on; the skin, which had been warm, became cold; the pulse, which stood at 100 after the transfusion, now went up to 140. Hot drinks were given in abundance, and after twenty-five minutes the body became more warm, and soon perspiration was abundant. As night came on the patient slept a broken sleep, yet the following morning she felt comparatively well, and during the day was able to partake of nourishment six times, and receive visits. The *bien être* continued, and on the 12th of February, or five days after the operation, the woman got up for an hour or two, and to-day, the 25th of February, the convalescence is complete.

Dr. Roussel, who has already practiced 128 transfusions, comes to the following conclusions: 1. Injection into the veins of a liquid other than blood is followed rarely with good results; 2. Transfusion of the blood of an animal of a different kind is always hurtful; 3. Transfusion of the blood of the same kind by the indirect method is very often unsuccessful; 4. Transfusion to succeed must be direct.

Division of the Neck of the Femur.

At a recent meeting of the Surgical Society of Ireland (*Medical Press and Circular*), Mr. W. Stokes presented the following case: A boy aged 14 was admitted into the hospital, March 1, 1881. He was fairly well nourished. The right thigh and leg were, however, much atrophied, and this process involved largely not only the soft structure of the limb, but also the bones, arrest of development of the tibia on the affected side, as well as the femur, being well marked. The thigh was strongly flexed, and rigidly fixed in that position, which rendered the limb perfectly useless. The affected limb was three and one-eighth inches shorter than its fellow. On the lateral and posterior portions of the upper part of the thigh were numerous cicatrices of old sinuses that had discharged very offensive pus for several years. The disease commenced nine years before, as the result of an injury. During this time he had been treated with blisters and extension, and on one occasion excision of the head of the bone was proposed, but his mother would not consent to it. It was decided to divide the neck of the femur, and the operation was performed as follows: The patient being etherized, a straight incision was made behind the great trochanter, commencing three-quarters of an inch above it, and carried downward for a distance of three inches and a half. From the upper portion of the incision it was carried in a curved direction, upward, forward, and then slightly downward, the whole incision being thus somewhat crozier-shaped. This line of incision

was adopted partly to give plenty of space to determine the actual condition of the parts, and partly because it is a convenient one to adopt, in case it is deemed desirable to excise the head of the bone. The soft structures being then dissected off the trochanter and portion of the bone immediately below it, by scalpel and periosteal raspatory, the finger was passed into the wound, to ascertain the condition of the head and neck of the bone. The former was found to be rigidly fixed to the acetabulum, the latter shortened and atrophied. There was no evidence whatever of any softening of any part of the bone. A medium-sized osteotome was then passed in, and by a few sharp taps of a mallet the neck of the femur was divided. Notwithstanding this, it was impossible to satisfactorily straighten the limb, owing to muscular contraction, chiefly of the adductors. A subcutaneous tenotomy at once overcame this obstruction and the limb could then be extended. The wound was carefully washed out with a 1-40 solution of carbolic acid, a drainage tube inserted, and the edges brought into close apposition with numerous points of interrupted catgut suture. The usual Lister dressings were then applied. The wound healed without pus production. During convalescence a moderate extension of the limb was kept up, mainly by the double-threaded screw extension splint. After six weeks the patient was able to get about the ward without crutches, by the aid of a stick. This latter was subsequently discarded and the patient soon after returned home. Three months after the patient was healthy and strong, and able to walk with facility, without stick or crutch. He suffered no pain, and there was distinct evidence of the formation of a false joint at the site of the operation. The muscular development of the affected limb was greatly improved, the limb straight, and the patient stated that he was able to walk, without inconvenience, a distance of over three miles. The credit of having first suggested and practiced this operation for the cure of this deformity, formerly considered a condition that necessitated amputation, is due to Dr. J. Rhea Barton, who performed the operation in 1826, in the case of a sailor, by exposing the trochanter by means of a crucial incision and dividing it with a saw. In the opinion of the operator, a false joint is much more likely to follow division with a chisel, than a saw, because, when the latter is used fragments of bone may be left in the wound, which, acting as centres of ossification, may possibly be antagonistic to the formation of a pseudo-arthritis.

Paralysis of the Uterus.

In the *Peoria Medical Monthly*, Dr. Romaine J. Curtis relates the following cases:—

CASE 1.—Mrs. —, a multipara, aged 37, was taken in labor, and two hours after sent for me. When I arrived something had suspended the rhythm of parturition, which I could not discover. The os was partially dilated and dilatable. Child alive, with vertex presentation. Patient stated she was always delivered by forceps, because of cessation of labor pains, and I was requested to deliver in this manner. I advised her to wait

The next day I found the pains strong, but to my surprise they soon stopped abruptly, the os being fully dilated and the bag of waters protruding. I again left her, and she passed a comfortable twenty-four hours, when labor was again established. I visited her, taking an electro-magnetic machine. As I expected, pains again ceased when the head was in the pelvis. The patient clamored for ether and forceps, the propriety of which I could not deny, and in great anger the friends sent for another physician. I had forceps with me, but I wanted the patient to go through her labor. I applied the electricity, one pole on each side of the uterus, and half way between the pubes and umbilicus. The uterus responded instantly, and I could bring on contraction at will, and continue it as long as I kept the poles applied. To test the case further I gave ether and continued to conduct the labor, which was soon completed. My friend Dr. —, arrived too late to witness the birth.

CASE 2.—I was sent for at night to attend Mrs. —, multipara, aged 38 years. Labor progressed normally and rapidly for two hours. The os was well dilated, bag of waters protruding, when pains abruptly stopped, without discoverable cause. After using friction to uterus through abdominal walls, and giving ergot, I ruptured the membranes, and waited two hours without a sign of labor being resumed. Counsel was now called, who used friction to uterus, body and cervix, for some time; gave gr. x quinine, more ergot, some whisky, and then, as labor was not resumed, advised waiting, and went home. Thinking the case over I sent for the machine and applied as before. The current was rather strong, as all hands were in ill temper. The patient screamed with pain, a contraction of the uterus followed, and labor was completed with one pain.

CASE 3.—Mrs. —, aged about 26 years, a multipara, was delivered after six hours' labor. I removed the placenta by Crede's method, applied a "binder" after contracting the uterus, and left her. In two hours was sent for in great haste, and found the patient with concealed hemorrhage. I removed clots and secured contraction of uterus, but found that I was obliged to maintain pressure to maintain contraction, and that the bleeding was continuing. Two hours were spent giving ergot, carbonate of ammonia, and compressing the uterus, before I thought of electricity, and another hour before the machine could be obtained and made to "work," and all this time the patient was losing blood. The use of the induced current set matters right.

Osseous Degeneration of the Eye.

Dr. Martin F. Coomes reports the following case in the *Medical Herald*: Miss M. L. O., age 32 years, consulted me in the latter part of July, 1881. She complained of constant and severe pain in the left eye, and along the course of the supra-orbital branch of the fifth nerve. The pain was constant, but worse during the day than at night, and nothing but opiates, internally, seemed to possess the power of alleviating it. Vision, in the diseased eye, was completely destroyed by

an inflammation, during her early childhood. She said the eye had been painful, at times, for three years preceding this last attack, which occurred in the spring of 1881. The right eye was weak and irritable; vision equaled $\frac{2}{3}$. In the left eye $Tn + 3$, while in the right $Tn +$ was observed. There was complete occlusion of the pupil of the left eye, with a pink zone encircling the cornea, such as is met with in cases of irido-cyclitis.

Not being able to make an ophthalmoscopic examination, and taking into consideration the great tension and persistent pain, and knowing that the majority of such cases of irido-cyclitis, and, in fact, most all of the chronic inflammations of the uveal tract, are relieved by iridectomy, that operation was performed July 20, 1881. The iris was extremely rotten, and it was with great difficulty that I succeeded in removing a portion of it. The operation relieved the unpleasant symptoms for three or four weeks, but the pains and tension gradually returned with as much severity as before.

On the eleventh of November, 1881, the patient was chloroformed and the eye enucleated. During the operation it was ascertained that the posterior portion of the globe presented to the finger a sensation of the hardness of stone, while the anterior portion was elastic, and presented nothing unusual. The patient made a good recovery, and is now free from pain, and the irritation in the fellow eye has entirely subsided.

Upon investigation, the sclera of the enucleated eye was apparently normal in structure, with adhesions to the conjunctiva. The cornea was perfectly healthy in appearance; the choroid was entirely absent. From the equator forward to the ciliary body, at some points, the connective-tissue remains of the choroid was in a tolerable state of preservation. The ciliary processes were, apparently, all present, but firmly adherent to the mass which represented the hyaloid and vitreous body. The lens was shrunken, and its periphery encircled by a thin sheet of osseous tissue, corresponding to the capsular ligament.

The hyaloid membrane and choroid seemed transformed into a bony shell, having a round posterior opening about the twentieth of an inch in diameter, corresponding to the porus opticus, as was easily determined by the presence of the central vessels of the retina, surrounded by a few nerve fibres. This opening was surrounded by apparently healthy, compact bone, extending forward nearly to the equator of the globe. The remainder of it, from this point forward, in some portions, was interspersed with chalky deposit, and in many places the osseous structure was entirely absent. Near the equatorial line it became very thin. The interior of the shell was funnel-shaped. Some portions of the inner surface were very hard, others were of the nature of thin cartilage, and others were apparently composed of threads of osseous tissue, presenting the appearance of the pith of certain medullated plants.

Puncture of the Ear

Wm. Allan thus writes to the *Dublin Journal of Medical Science*. The following interesting case came under my care in January, 1882: B.

Bahoa, aged sixteen years, presented himself for admission into the Victoria Hospital, in order that he might receive surgical treatment for two large auricular growths. Through an interpreter the following history was obtained. He had his ears pierced for earrings when eight years of age. Shortly after the operation the tumors appeared, and when examined had attained the following proportions. The right tumor, attached to the lobules of the ear, and having cutaneous attachments to the parotid and mastoid regions, meas-



ured from above downward nine inches, and in circumference fourteen inches; lobulated, hard and firm to the feel. The left tumor, smaller than the right, and having a somewhat similar attachment, measured from above downward 9 inches, and ten inches in circumference. A small portion of the posterior inferior part of this tumor exhibited leucoderma, while the anterior inferior end of the right tumor showed signs of commencing degeneration. After placing him for a few days on preparatory treatment, I ligatured the base of the right tumor with some little difficulty; the first ligature, though strong, giving way. The nutritive supply of the tumor having been interfered with, I dissected it off from its attachments, removing a portion of the ear and surrounding tissue, to prevent, if possible, a recurrence of the growth; weight on removal, two pounds twelve ounces. I repeated the same operation with the left tumor, but passed a double ligature through the centre of the pedicle, on account of its size, tying it anteriorly and posteriorly; weight on removal, one pound twelve ounces. There was a fair amount of arterial hemorrhage, on account of the arteries supplying the tumors being unable to contract; pressure on the common carotid and torsion were of service. The after treatment consisted of rest and a pill containing opium and quinine. The parts were washed daily with carbolic acid lotion and afterwards dressed with zinc ointment. No glandular enlargement existed at any time. The growths are probably of a fibro-plastic nature.

REVIEWS AND BOOK NOTICES.

NOTES ON CURRENT MEDICAL LITERATURE.

—We have received the Thirty-ninth Annual Report of the Mount Hope Retreat, for the year 1881. The institution, we are glad to see, is satisfactorily conducted.

—Is the Ovarian Cell Pathognomonic? By William A. Edwards, M.D. A very valuable reprint from the *American Journal of Medical Sciences* for April, 1882.

—The Century and the School. A lecture read before the National Educational Association, at Atlanta, Ga. By F. Louis Soldan, Principal of Normal School, St. Louis, Mo.

—Abdominal Section in the Treatment of Ulceration and Perforation of the Cæcum and the Appendix Vermiformis. By William A. Byrd, M.D., Illinois. Reprinted from the Transactions of the American Medical Association.

—Anæsthesia and Non-anæsthesia in the Extraction of Cataract; with some practical suggestions regarding the performance of this operation, and comparative statistics of two hundred cases. By Hasket Derby, M.D. A very interesting little pamphlet.

—The Case of Guiteau; a psychological study, by George M. Beard, M.D., of New York, comes to us as a reprint from the *Journal of Nervous and Mental Diseases*, January, 1882. In this essay he maintains that "Guiteau was taken insane at the age of eighteen years, while attending school at Ann Arbor, and has been insane ever since." "The special type of his insanity is what is commonly and correctly called religious monomania."

—Lumbo-Colotomy in the New-born, for Relief of Imperforate Rectum. By William A. Byrd, M.D., of Quincy, Ill. This comes to us in the form of a reprint from the *St. Louis Courier of Medicine*, December, 1881. The author, quoting from Van Buren, says: "Perhaps the best answer to those who object to an inguinal anus, on sentimental grounds, and the best proof of its practical efficacy, is to be found in the case of the lady, related by Mr. Curling, who had been subjected to the operation in 1816, and who, at the age of forty-three, enjoys the best health, goes into society and attends balls, and no one would suspect her to be the subject of any infirmity. She is married, has borne four children, and her pregnancies and labors have been quite normal. She never experiences any pain in the part."

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RAILROAD SURGEONS.

We have had something to say about Steamship Surgeons; now a few words about Railroad Surgeons. There was recently held at Decatur, Illinois, a meeting of the Surgeons of the Eastern Division, W. St. L. and P. R'y.

Two papers were read by J. T. WOODS, M.D., Chief Surgeon. In the first, he sketched the origin and history of the organization. It seems that when, in April, 1875, he suggested the question of surgical service on the Wabash, to its President, the outlook was very gloomy. It was deemed impracticable, because it was believed that it would lead to abuses. It would cause the employés to expect too much from their employers. Finally, Dr. Woods received consent to try the experiment. The first point was to find a good and reliable surgeon, in each of certain selected localities, who would serve the Company on such conditions that, as a whole, advantage would accrue to the employers, the employé and the medical man himself. At first, much difficulty was experienced. Opposition was experienced from the employés themselves,

who often preferred to choose their own surgeon, in lieu of the one selected. This natural and pardonable timidity of employés has gradually melted away, as they have not been slow to note that men who are expecting and hold themselves prepared for this special duty are none the less careful, and are, because of their assumed responsibility, more ready with appliances, in greater perfection, than those who are otherwise wholly engaged. They have also learned that each, in his locality, stands among the very first in his calling. In the same direction, and of vital importance alike to the employer, the patient and surgeon, lies the fact that familiarity with this species of work leads to fewer unsatisfactory results than would be otherwise expected. Those who have had much experience in railway surgery are aware that these cases, as a class, are peculiar, and, to attain the best results, especial attention, coupled with practice among them, is of inestimable value. These, among many others, are the advantages brought to the service of injured employés, as well as to the company, by their medical officers. We know not whether the great Pennsylvania system has any regularly organized medical department or not, for Dr. WOODS says, "On numerous lines, more or less system has been attempted, but the work was so desultory and unsatisfactory, and, finally, so expensive, that it usually has either gradually dropped to pieces or been suddenly abandoned, as is the case on the whole system controlled by Mr. VANDERBILT, in which the company now take no care of any one, and the medical man who serves the injured must look to the patient for pay—the maimed men, who have not the means, however well disposed."

It is a well established fact that employés are always more attached and more faithful to an employer whom they feel has their interests at heart and will take care of them. Instinct will teach them enough for this. Again, there is always a large army of thoroughly capable young physicians who, because merely of their youth, are unable to secure any private practice. They are just as competent to cure disease and relieve

the maimed as are many of their older confrères, but men and women are unwilling to trust their lives and health in the hands of *young men*. These physicians would be very glad to accept positions in the service of railroad companies for a very moderate compensation. Thus also would the corporation secure efficient medical service at a comparatively small expense. The question really, as Dr. Woods says, is one of business. If by providing free medical attendance for their injured and sick employes, the company can feel sure that by thus caring for their interests they will derive more benefit from their labors, then can it be confidently trusted that such organizations will become general; if not, then they will be unknown, since it would be altogether too Utopian to expect corporations to be so eminently philanthropic.

CHARITY ORGANIZATIONS.

For years the streets of our large cities have been encumbered by beggars of all kinds. From the aged and decrepid blind man, with his pitiful story of a wife and six young children at home, down to the ragged urchin sent out to beg (and to become thereby inured to a life of shiftless laziness) by his worthless and generally drunken parents, all ages and sexes are to be found represented in this vast army of worthless human nature. We have now cause to rejoice that the real nuisance has been recognized at last, and that energetic measures have been inaugurated which will result in making this objectionable feature of city life a thing of the past. The physician has much interest in this evil and its proposed remedy; for one prominent reason, let us remind him of the influence for evil that may lie in the impression upon a pregnant woman of some of the truly horrible and repulsive spectacles presented by these professional beggars. The stock in trade, the capital, of these poor deformed specimens of humanity lies in their very deformities, which they make as prominent and conspicuous as possible, asking all the while for alms, and using their misfortunes to enforce their appeals. Who can say that the large majority of

monstrosities are not the direct results of impressions received from these deformed beggars?

A committee of the Society for Organizing Charity, composed of our most prominent citizens, recently called upon the Mayor of Philadelphia, to solicit his assistance in the furtherance of their work.

It was then stated that the Society had extended its organization over the whole city. Every district has a superintendent, who keeps an office open at fixed hours, and who is charged with the duty of investigating the case of every applicant, and giving relief in pressing emergencies, or referring the case to the proper institution or family. They will furnish to the police department, for the use of each officer, a card with a list of the district offices of the charity organization, their location and superintendents; also a supply of tickets to be used in directing beggars to the office of the proper district. Without using harshness, the society requests the Mayor to instruct the police to give to every person found begging on the streets, in the first place a ticket of investigation to one of the district charity offices, and if such beggar shall refuse to go, or shall be found begging again, then the case shall be treated as an offence against the law, and the beggar shall be arrested and committed to the House of Correction or other public institution. They have also perfected arrangements by which all able-bodied applicants are sent for employment to the Pennsylvania Railroad Company. If a man is in such straits that he cannot wait for pay day, the society makes him a small advance as soon as he has earned it, and protects itself by a lien on his wages. The Mayor replied that he would instruct his officers to arrest all street beggars indiscriminately, and would do all in his power to aid the Society in carrying on their good work.

A similar society is being now organized in New York city, and we sincerely trust that ere long all the large cities of the country will follow this example.

We all know that there are a very large number of men and women who are naturally lazy, and who, having no self respect, do not hesitate

to beg. To such it is much pleasanter to pass the bad days of winter in some Almshouse, and when Spring time comes to stand or sit in the bright sun and receive the numerous pennies of the passers-by. This is the routine of these professional beggars. They are no benefit to society, they play no part in the general progress of human nature, they really constitute foul ulcers on the body politic, and it is high time that they should be reformed. Those that are able must be made to work; those who are physically incapacitated should be isolated and not permitted to remain objects of horror and disgust on our public highways.

BOGUS DIPLOMAS.

Personalities are usually objectionable, and are generally avoided by this journal. Occasionally, however, they become necessary, as in the present instance, to warn the public of pitfalls that may be awaiting them. The *New York Times*, of a recent date, has the following, which should be given all possible publicity by those who know and are familiar with the past history and nefarious practices of the party concerned:—

"Dr. Buchanan's most recent exploits and escapades have borne fruit quite worthy of themselves, and perhaps quite comforting to the Doctor. Some of his friends at Detroit, aided by a truly formidable, and as truly obscure, host of M.D.s., L.D.s., Sc.D.s., and what not else in the degree category, have organized a college called the Medical Department of the Detroit University, and sent out their 'annual announcement'; whether the first or the twentieth such does not appear, but evidently the first, and probably the last. It is not published at Detroit, but at Jackson, seventy miles away, and sets forth, in language which, if grammars were unknown, might be called English, that the college's aim is to remedy a growing evil; which growing evil appears to be the admission to existing medical schools of persons unprepared to receive an education, owing to the 'want of a suitable preparatory prerequisite to a proper understanding of the branches taught.' The University has been founded in Detroit for the reason, among others, that Detroit has large manufactories and many hospitals, which furnish a great amount of 'clinical material.' Moreover, the city has a public library of over 40,000 volumes, which are free to all, and a population of 140,000 souls. Truly useful these attractions will prove for the coming students of the Detroit Medical School; for, so far as can be learned, they are the only ones that the school can offer them. We are gravely told that the college building is 'a large and commo-

dious structure in the most desirable locality,' which locality appears to be the immediate neighborhood of a grist mill, and this 'commodious structure' a loft of the said mill. For the Registrar's office intending students are directed to a house 'just four squares west of the City Hall.' On going to the place the names of four physicians are found outside, on tin signs, beneath the words 'Institute of Rational Medicine,' while a dirty card has, in pencil, the words 'rooms to rent,' and another tin sign announces the abiding place of a 'Marriage Assurance Association.' One H. S. Thomas is the college president. He was graduated by the eminent Dr. Buchanan himself, and is now an able 'cancer doctor.' Of his faculty and trustee associates the names of only three can be found, in all Detroit, and one of them, his address being obtained, appeared to live over a manufactory of wagon grease, but nobody there knew he was a doctor. President Thomas did Buchanan a good turn when good turns were welcome to him. Buchanan found a refuge in Thomas' house, the Detroit people say, while the officers were hunting him out, just before that fortunate escape of his to the Queen's dominions."

HIGHER MEDICAL EDUCATION.

It is plainly evident that the medical profession of the United States is commencing to realize the necessity for elevating the standard of medical education. The praiseworthy action of the University of Pennsylvania has been followed by measures in New York looking toward the same end.

The New York State Medical Society has proposed two bills to the attention of the legislature, which, in substance, are as follows: When a candidate for practice has completed his preparation, and obtained his diploma from a college, before he can actually enter upon medical practice his qualifications must be verified by a higher board, not composed of those to whom he has just paid two or three years' fees, but of men who have no interest in passing him. From this body he receives a second diploma, registry of which entitles him to practice medicine in the same manner as that of his college under the present law. The proposed law applies to all medical sects, and the candidate is to be examined, not necessarily in the principles taught in the regular school only, but in those of the school under which he may elect to practice. In commenting on these bills, the *New York Times* very sensibly says:—

"Possibly no better way could be devised by the Committee on Legislation than to avail themselves of the existence of that indefinable body, with vast advisory and no real powers, the University of the State of New York. The Regents have certainly the power to confer diplomas, and it might have been objectionable to establish a sort of medical university for the purposes of the statute. One fails to understand, however, why a second diploma should be necessary, since the candidate is already well armed in that respect. It would seem, indeed, with all due deference to the doctors, that a law authorizing and directing a Governor to appoint boards of medical examiners, defining their composition and duties, and making the registry of a license or certificate from such a board a condition precedent to practice, would answer all the requisites of popular protection and meet all the requirements that are met by the bills as printed. Such a mode of dealing with the subject would not add materially to official procedure, while securing all the ends for which Prof. Jacobi and his coadjutors are laboring; ends in the highest degree desirable."

NOTES AND COMMENTS.

Section of the Spinal Accessory Nerve.

At a recent meeting of the Acad. de Médecine, M. Tillaux presented the interesting clinical history of a patient in his service. She first entered the service of M. Desnos, suffering from a species of spasmodic torticollis, the head being twisted toward the right shoulder; this phenomenon was accompanied by considerable pain about the occipito-vertebral articulation.

The general opinion was that there existed functional spasms of the sterno-mastoid muscle.

M. Vulpian advised electricity, and this, with metallo-therapy, the bromide and iodide of potassium and other remedies, were employed without any amelioration in the condition of the patient, who desired an operation to put an end to her sufferings.

It was at this period that she entered M. Tillaux's service at the Beaujon Hospital; after mature consideration of the case he divided the inner portion of the sterno mastoid muscle, very near its insertion to the sternum. This operation procured no relief; the spasms were as intense as before for eighteen months afterwards.

In the opinion of M. Vulpian, who first examined the case, the cause of these spasms lay in the spinal accessory nerve, and as M. Tillaux was of this opinion also, he decided on excising or dividing the nerve. An incision was made, parallel with the posterior border of the sterno-mastoid muscle and between two lines drawn horizontally, the upper from the angle of the jaw, and the lower from the superior border of the

thyroid cartilage. The nerve was divided and the wound rapidly cicatrized under antiseptic treatment.

Considerable benefit was obtained from the operation, the face was still drawn toward the right shoulder, but the movement was not so spasmodic; the patient could control and even resist it.

The spinal accessory nerve has been studied from a physiological point of view by Claude Bernard, who considered it as essentially the nerve of phonation. In the present case M. Tillaux's patient has not manifested any change in the voice, or any defect in articulation.

Compound Dislocation of the Ankle.

A recent meeting of the Surgical Society of Ireland (*Medical Press and Circular*), Mr. Thornley Stoker exhibited a specimen of compound dislocation of the ankle, which was so severe as to require amputation. The dislocation was of the most usual form, that of the foot inward and of the two bones of the leg outward. In addition to the dislocation and the laceration of the soft parts, the malleolus of the fibula had been fractured transversely on a level with the transverse surface of the tibia, while the malleolus of the tibia was similarly broken off from its attachment, and remained connected in its usual position, on the inside of the foot. While the fracture of the fibula was quite transverse, that of the tibia extended upward and inward. The injury was caused by a kink of chain catching round the man's leg, while the anchor was being weighed.

Supposed Ovarian Neuralgia.

Dr. J. W. McAfee reports the following case in the *Pacific Medical and Surgical Journal*, which he considers an inexcusable mistake in diagnosis, and showing the fallacy of treating symptoms. A young lady, aged 22, had suffered for six years from neuralgia of the right ovary. For the first three years the attacks were slight and irregular, gradually increasing both in duration and severity. She had received all kinds of treatment for three years without avail. She finally became quite melancholy. General health and menstruation regular. External examination revealed neither tenderness nor enlargement in the ovarian region. Examination per vaginam showed uterus enlarged, but not painful on probing. Anterior lip of cervix large, dark and congested; posterior completely denuded of its epithelial coat, and covered with

large fungoid granulations, which had a tendency to bleed on the slightest provocation. From this granular surface was poured out a thick, tenacious discharge, streaked with blood and pus. After thorough cleansing, iodine was applied, and the parts dressed with absorbent cotton and bismuth cream. Ordered a douche of one gallon of hot water to be used night and morning and discontinued all drugs. The next day the anterior lip of the os was much swollen, dark and tense; with a sharp bistoury he made several punctures, which bled freely and gave much relief. This treatment was continued for ten days without much change. It was now determined to use nitrate of silver. The stick was applied freely to the denuded surface, as well as the cervical canal. It acted like a charm; the improvement was rapid and steady. After a few days the ovarian pain had almost entirely disappeared. After eight weeks of treatment the uterus was reduced to its normal size, discharge disappeared, and the cervix was reduced to a healthy condition. The ovarian neuralgia was completely cured.

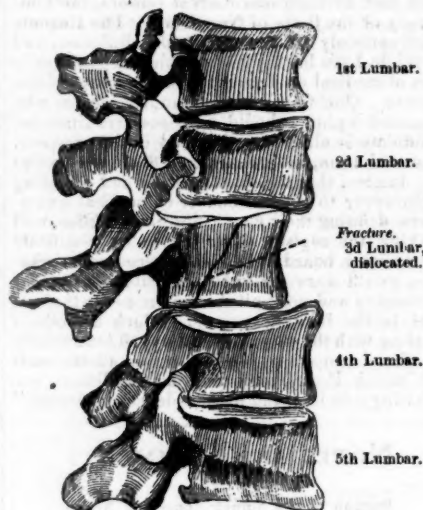
Epithelioma of the Œsophagus.

At a recent meeting of the Surgical Society of Ireland (*Medical Press and Circular*), Mr. H. G. Croly showed a specimen of epithelioma of the Œsophagus. The patient, aged 60, was admitted into the hospital on the 22d of last December. It was remarkable how little pain he suffered. There was syphilis in the history of the case. On trying to swallow, spasmodic efforts were made to get food down; but it was immediately rejected. He was able to swallow a little soda-water and milk. Finally he became utterly unable to swallow anything. Gastrotomy was performed and the man died the next day. In the specimen was observed very perfect adhesions between the peritoneal surface of the stomach and the abdominal walls. The situation of the annular stricture was a little below the crossing of the left bronchus. There was no disease of any surrounding parts.

Fracture and Dislocation of Vertebra.

Dr. Isaac W. Chisholm writes to the *Cincinnati Lancet and Clinic*, that the case of fracture and dislocation of the third lumbar vertebra, which he reported in full in the *Lancet and Clinic* of September 27th, 1879, has so far recovered, a little over three years after receiving the injury, as to be able to act as salesman in a store without any artificial support whatever, and never uses a cane or crutches unless he walks a long distance.

The following cut represents the seat and extent of injury:—



Sign of Pregnancy.

Dr. Delattre mentions, in the *Gaz. des Hôpitaux*, what he considers a constant sign of the beginning of pregnancy, namely, the almost complete disappearance of the phosphates from the urine. The author believes that they are condensed into the bones of the mother, forming osteophytes, during the first months of intra-uterine life. During the last months, the foetus developing rapidly, this reserve of phosphates is drawn upon, the bones of the child increase in weight, and the osteophytes gradually diminish, until they finally disappear, usually after the first month of nursing. Where the mother is weakly, instead of having these reserves, she is compelled to borrow from her proper substance the necessary elements for the nutrition of the foetus, and her strength becomes exhausted. In such cases the author recommends the use of phosphate of lime during the whole course of the pregnancy.

Cardiac Dyspnoea.

M. Sée recommends, for the relief of the constant dyspnoea present in certain affections of the heart, the following potion:—

R. Potass. iodid.,	gr. xv to 3 ss
Chloral. hydrat.,	3 ss to 3 j
Syr. acacie,	3 iv. M.

To be taken in tablespoonful doses every two hours.

The choral may be replaced by 1 to 2 grains of extract of opium. When dyspnoea is not constant, iodide of potash is useful against the attacks, and inhalations of the iodide of ethyl, which succeed in asthma, may be tried.

Hypopyon.

The *Medical Press and Circular* says that Dr. Just recommends *massage* of the globe of the eye, which consists in pressing and rubbing gently the organ with the lower lid intervening. In this way he has succeeded in causing to be absorbed a purulent collection in the anterior chamber of the eye. Another oculist has been able to provoke rapid absorption when the hypopyon was mobile, by making the patient lie alternately upon the right and left side, and causing him to change position every hour.

CORRESPONDENCE.

Ovariectomy—Death Third Day After Operation.

ED. MED. AND SURG. REPORTER:—

Mrs. C., 48 years old, mother of eight children (one deceased). I have treated her professionally frequently, for several years (I was called in consultation eleven years ago, and diagnosed at that time metritis), for menorrhagia, pruritus vulva preceding and accompanying menstruation, profuse leucorrhœa and prolapsus uteri; also for indigestion, which last has been almost persistent since last Spring; nausea and vomiting frequent, and pain located in the epigastric region. I detected, upon examination, September 9th, 1881, a small tumor, size of hen's egg, in left iliac region, and upon my next visit she informed me that the enlargement had subsided; that she had been subject to pain and enlargement occasionally, in the same region, for over twenty years. The symptoms of indigestion continued, but she did not complain to me of pain in the iliac region again until November. I made second examination November 21st, and ascertained the tumor had enlarged rapidly and was indurated and nodulated, and ascended to a point midway between the os pubis and umbilicus. I diagnosed ovarian tumor, solid in consistency and malignant in character. Dr. Clark met me in consultation, and concurred in the diagnosis and prognosis. Prof. Peck saw the case February 5th, and stated that an operation was the only remedy, and performed the operation on February 12th, 1882, in presence of Drs. Hunter, Adair, Beck, Hill, Dixon, Dilly and myself. The operation lasted one hour and twenty-five minutes. Tumor weighed six-and-a-half pounds, fibroid in character, and attached to fundus uteri, broad ligament and left ovary. Death ensued third day after operation.

Remarks.—I presume the case would have terminated fatally if the operation had been performed sooner, judging from character and rapidity of growth and irritability of stomach. Mrs.

C. was opposed to any surgical measures until after Dr. Peck saw her. C. E. QUIRE, M.D.
Lynnville, Iowa.

A Peculiar Case.

ED. MED. AND SURG. REPORTER:—

I would like to inquire of the readers of the REPORTER if the following case was not a little peculiar:—

Was called, April 25th, 1879, to attend Mr. Addie E. G., it being her fourth pregnancy. I arrived at 8 A.M.; girl baby born at 11 A.M., A 1, weight 7 lbs. I was attending to the child, when the mother called me to her, saying she was having severe pains. I barely reached her when an odd looking tumor-like object rolled out on the bed, and my first thought was that it was some kind of a tumor, but there appearing to be something moving in it, I cut or broke open the sac or membrane, and found a second living child, with the placenta; this was a boy, and weighed 4½ lbs.; he looked like a little, queer old man; but he never seemed to thrive, and died about three weeks later. The mother was a large, fleshy woman, and weighed about 280 pounds. The peculiarity of this case is that the second child was enclosed in a sac or membrane, the sac being entire, smooth and unbroken.

I have practiced medicine only thirteen years, and have not more than between 50 and 60 cases of midwifery a year, on an average, so that perhaps there have been such births; but it appeared queer to me, and I have often thought of it, and at last concluded to send you an account of it, just as it happened, copied from my note-book.

Lincoln, Mo.

C. FULLER, M.D.

NEWS AND MISCELLANY.

Kentucky State Medical Society.

The twenty-seventh annual meeting of the Kentucky State Medical Association was called to order by the President, Dr. J. W. Holland, at 2.30 P.M., Wednesday, April 5th, 1882, in the rooms of the Polytechnic Society of Kentucky, in the city of Louisville, a large number of the representative men of the profession from all parts of the State being in attendance.

The minutes of the previous meeting having been published in pamphlet form by the Permanent Secretary, Dr. Lewis S. McMurtrie, and distributed to the members within a few days after the preceding meeting, their reading was dispensed with and the report of the Committee of Arrangements called for.

Dr. Dudley S. Reynolds, chairman of the committee, reported, in a few brief sentences, that the adoption of a new Constitution at the previous meeting, by which many of the long-established usages had been changed, rendered it somewhat difficult for the Committee of Arrangements to provide adequately for the present meeting. The committee, however, after much deliberation, had concluded that the design of the State Association is to assemble for interchange of professional opinions upon live questions, and to advance the material and scientific interests of the profession in Kentucky.

The reports of the officers and standing committees were all received, after which the President, Dr. J. W. Holland, delivered an introductory address.

Dr. Holland congratulated the Society upon the auspicious surroundings attending this opening of the meeting, and regarded it as a matter for congratulation that the nomadic habits of the Association had begun to be abandoned. He referred to the disadvantages attendant upon the previous migratory customs of the Society, at the same time not neglecting to discern the fact that regret must follow the departure from long established customs and the varied scenes and associations that attend a change of situation for the brief period allotted to the meetings of the Society.

State medicine claimed a worthy notice, in the discussion of which the President took occasion to emphasize the necessity for more complete vital statistics and better regulated returns of marriages, births and deaths, in order to facilitate the harmonious action of united efforts in sanitary regulations.

The well-worn and perplexing theme of the regulation of practice was not forgotten, and the previous inefficient acts of the legislature were referred to. He concludes that thirty years' experience has taught us not to put much faith in acts of the legislature as great moral levers. As an evidence of the necessity for some sort of regulation, the Secretary of the State Board of Health for 1879 reported, as among the unclassifiable causes of death, "falling of the brain," "ulcer of the brain," "nervous irritability," "bold hives," "diseases of females." Within the year the mortuary reports of Louisville have several times quoted (may the good Lord deliver us) "delicacy" as the cause of death.

Concerning the recent action taken by the New York State Medical Association, Dr. Holland said, "In effect it approves of any of the members of that Society and others in affiliation therewith, when they meet in professional comity persons of the class considered heretofore as outlaws."

In concluding, the President said, "The forty gentlemen who organized this Society had in view the promotion of the honor of the profession, and crediting them with unusual zeal in taking that first step, let us be guided by the precepts they then endorsed, and fired by the examples they have since furnished us. Within the month, the death of one of them prompted in me the thought that the title to the regard of posterity which Dr. Forsee held in common with all healers and teachers is strengthened by the additional claim that he was one of the first in our State to urge medical association for the high aims we possess. His individual life among us has come to an end, but in the corporate life of the humane organization which he helped to establish and maintain he shall find an earthly immortality. Other names then enrolled, of men no less deserving of praise, have been marked with the sign that denotes an eternal absence from its councils. In the texture we weave, their many colored threads, brought once and again into the pattern by the shuttle of time, shall give neither hue nor form again. In our annals they may have left little

record to boast of, and even in their own journals little is written of their worthiest deeds. Turn the pages of their visiting lists and a monotonous row of crossing lines is the only trace you will find of many acts of benevolence, of the light and joy they brought to many thresholds. Nothing but lines to tell the story of anxious watching by the couch of pain and the sweet repose secured by the healer's art. Nothing but lines to mark the hard fought field which restored some regal mind to its lawful throne. Nothing but lines to stand for the dearly prized lives turned back to us as they were about to pass the gateway that lets men out from the golden circuits of the sun."

The society then adjourned till Thursday morning.

THURSDAY'S SESSION.

The morning hour devoted to the transaction of miscellaneous business having been consumed by the reports of the various committees, the regular proceedings of the day were opened by a report on the Progress of Surgery, by Dr. W. O. Roberts, of Louisville.

The question of antiseptics, Dr. Roberts said, occupied no more settled ground in the professional mind than it did immediately after its introduction. In abdominal surgery their use has been abandoned entirely by Dr. Keith, of Edinburgh, though he still places implicit confidence in their efficacy in other operations. The general drift of professional opinion, however, seems to favor the reliance rather upon the drainage tube than upon any use of antiseptics. In abdominal or Fallopian pregnancy the year just passed has witnessed a revolution in reference to the disposition to be made of the placenta after operation. Instead of its removal as before, it is now insisted upon, by many leading authorities, that it shall be allowed to remain within the cavity, to await the process nature substitutes to detach it on the one hand or remove it by absorption on the other, or render it innocuous by encapsulation. Previous to the advent of the doctrine of antiseptics the operations of nephrotomy and nephrectomy had not been frequently performed, and they had been attended by a large mortality. Since its promulgation, probably because of greater care and cleanliness, these operations have been more frequently performed, and altogether very much more frequently successful. Abdominal transfusion has been established as a legitimate procedure by actual experiment, the hemoglobin having risen in twenty-four hours from 38.8 parts to 57.9. In the treatment of gunshot wounds of the abdomen the importance of operative interference to cleanse the cavity is now emphasized, and Dr. Marion Sims has declared that those who practice the old expectant plan of management should be held accountable for non-interference, since such cases so uniformly result disastrously.

Dr. Roberts referred to several other points in detail, but unfortunately, the paper, though interesting, was not discussed.

Dr. Wm. H. Wathen next came forward with a paper on "Abdominal Section for the Removal of the Fœtus." Dr. Wathen holds that the increasing percentage of success under the improved methods in abdominal surgery justifies a

timely operation in the interest of both mother and child, and should have the preference over craniotomy. In the early operation 82 per cent. of children have been delivered alive. The success of the double operation has been remarkable. Of nineteen double operations, upon eight women, but three deaths have occurred; and upon forty-eight women a single operation has been performed, with but seven fatal cases. Dr. Wathen very justly holds that the performance of the operation in the future cannot be based upon the statistics of the past. They have been based upon cases of all classes, and into them enter many cases that were hopeless, because not timely. The operation should be performed as an operation of election, and if performed in time, the cases resulting fatally, under proper precautions, would be reduced to a very small per cent.

In discussion of the paper Dr. Yandell took exception to these deductions, because of the unreliability of statistics.

In reply, Dr. Wathen said, "Dr. Yandell is correct in his remarks concerning the unreliability of statistics, but he has shown how the statistics may be corrected. This has already been done, in this country, by Dr. Harris, of Philadelphia, and he has thus arrived about as near the truth as we usually do in capital operations. Therefore, instead of being insufficient data, as he claims, from which to draw logical conclusions, they are quite as ample as the data he claims to have based his conclusions upon concerning tetanus."

Dr. A. D. Price of Harrodsburg, the President elect, was at this time conducted to the platform, when he said:—

"Gentlemen, I thank you for the unexpected honor you have conferred upon me. Unsought, it comes a welcome gift from my professional brethren. I fully realize the responsibilities you have imposed upon me, and I shall endeavor to discharge them faithfully and impartially; at the same time it is expected that you, in the liberality of your hearts, will forgive much. It shall be my pleasure to uphold the interests of the medical profession. Hoping at another time to have something to say worthy of your attention, I beg to wish you, when the proceedings of this meeting are closed, a safe return to your homes and the duties which there await you."

Dr. Greenly next presented a paper on "Fast-ing." It possessed but little scientific interest.

The next paper presented was by Dr. M. F. Coomes, of Louisville, on Color-blindness, during the discussion of which Dr. Coomes took occasion to exhibit an instrument, consisting of a cylinder, whose sides were composed of eight different-colored glasses placed inside of another brass cylinder, in the side of which is an opening of the size of one of the pieces of glass composing the sides of the inner cylinder. These cylinders being placed, and a small lamp placed inside, the inner cylinder is made to revolve upon its axis, bringing the different-colored glasses over the open space between the flame and the eyes of the person whose perception is to be tested. The instrument is intended to take the place of the lantern test, which it does very admirably. In the discussion of the subject the

doctor said, "Color-blindness may be congenital or acquired. The humors of the eyes of the color-blind do not differ in any manner from those of persons who possess the normal color sense."

The afternoon session was opened by a report on Dermatology, by Prof. L. P. Yandell. Prof. Yandell said, in introducing the subject, that John Hunter declared, a hundred years ago, that there were three classes of skin affections, one of which is cured by mercury, a second by sulphur, and the third the devil himself can't cure. One of the cogent reasons for the neglect shown toward these affections is the confounding confusion which is found in the nomenclature and classification of skin diseases. Having devoted special attention to the subject during a practice of ten years, and having mastered the subject, so far as library study would permit, he devoted a year to the study of skin affections in the European hospitals. He found, on his return, that his theoretical knowledge had increased; but, practically, he was as helpless as before. Driven to study the subject himself, he had gradually developed a system of practice which he has pursued with almost uniform success for a number of years. By this system he claims to have reduced the cure of skin diseases almost to a certainty. But, notwithstanding the fact that he had endeavored for the last ten years to disseminate and illustrate the nosology and etiology of these affections, he had been frequently accredited with acknowledging but three sources of disease, viz., malaria, scrofula, and syphilis.

Dr. Yandell asserts that he never has expressed nor entertained such a tripodal opinion. But he does maintain that while the manifestations of disease are numerous and varied, the causes of disease are few, and very generally comprehended by the following list: malaria, scrofula, the catarrhal poison, the specific poisons of contagious infections, the mineral and vegetable poisons, insufficient light and air, parasites and traumatism. Most conditions called disease are but symptoms of disease. Dr. Yandell maintained that the only curable contagious disease is syphilis, unless erysipelas, diphtheria and puerperal fever be added; but, he supplemented, very few of our patients are under favorable circumstances for recovery. "Many diseases," said he, "claimed to be incurable I claim to be curable entirely when the subject is placed under circumstances that favor recovery."

In a nutshell, Dr. Yandell believes most diseases due to the causes he has mentioned, and a large majority of them due to malaria and scrofula. The third class of skin affections referred to previously he believes to acknowledge an underlying scrofulous cause and an exciting or malarial cause. On this foundation his treatment is predicated, which consists of antiperiodics and tonics; in short, the treatment for consumption.

Dr. Yandell's paper elicited much interest and some discussion, which space does not permit.

Prof. J. M. Matthews, of this city, made some oral remarks on the subject of "Divulsion in Stricture of the Rectum."

Dr. Matthews said, "I beg to speak for a few moments on the subject of stricture of the

rectum and its treatment, and I shall take occasion to refer incidentally to the treatment by divulsion. This subject is of more importance than would appear at a glance. Few are aware of the number of cases that present themselves to the surgeon within a year. I do not know any disease that calls for surgical interference that is of more importance and deserves more careful consideration. It is one of the most harassing afflictions that can affect a patient. Besides being one of the most painful, it is, as a rule, when it comes under the care of the surgeon, beyond the hope of any permanent cure. If, then, there is any operation that can be devised to mitigate, if not to radically cure this affection, we certainly ought to consider it. Cases of obstinate constipation not infrequently come under the care of the physician; and in these, not once in a hundred times is a local condition sought in order to explain it. I was glad, however, to hear the expression, a local manifestation of a constitutional disease. Although the consideration of the etiology is too great to begin upon in one discussion, yet, in a general way, the causes of stricture of the rectum may be enumerated in the order of their frequency, as follows, viz.: syphilis, cancer, traumatism."

Dr S. J. Rhodes, of South Carrollton, next read a paper on the subject of "Iodide of Potassium in Recurring attacks of Pneumonia." His illustrative cases were adapted to prove, as he claimed, the efficacy of the drug during the convalescence from an attack of pneumonia, as a prophylactic against subsequent attacks, and an unfavorable degeneration of the products left by the disease.

Dr. Ap. Morgan Vance read "some Practical Suggestions in the Treatment of Spinal Caries." His paper was well received. He also presented to the Society a case which he had operated upon for knock knees.

Dr. A. W. Johnson, of Danville, read a paper on "Carcinomatous Metamorphosis."

FRIDAY'S SESSION.

Dr. Lanaber, of Louisville, read an interesting paper on Cerebro spinal Meningitis. Dr. Lanaber detailed several interesting cases, and spoke at some length on the subject of complications of the disease with pneumonia.

Dr. A. H. Kelch, of Louisville, made some observations upon obscure brain lesions. This paper, laying aside the anatomical grounds upon which the conclusions were based, maintained, that the choked disk, upon the subject of which there is a diversity of opinion, occurs as a result of those conditions of the brain which interfere with the circulation of the blood through the ophthalmic artery, between its origin between the nates and testes and its distribution at the cribriform plate of the sclerotic. Also, that the nervous manifestations produced by any adventitious product in the brain will depend entirely upon the seat of such product, and not its character. Let it be syphilitic, cancerous or tubercular in character; let it be due to traumatism from the rupture of an artery or due to any of the various causes that may produce pressure on the substance of cerebral ganglia on the cerebral substance.

The paper was discussed by Drs. L. P. Yandell, J. A. Ochterlony, J. W. Holland and Von Dorehoff.

Dr. Reynolds exhibited several specimens of glass which had changed color by exposure to light, and demonstrated the defective quality of the glass ordinarily used for making spectacle lenses. He showed that commercial crown glass contains adulterating materials, sometimes iron, lead, or manganese. Such glass, on being exposed to the air, soon changes color, and ceases to be even an approximately correct refracting medium. He pointed out that optical glass is a more carefully prepared form of crown glass, the alkaline salt used being the borate of soda. He also demonstrated that commercial crown glass cannot be worked over so as to render it fit for optical use, and stated that the quantity of borax required to produce a good quality of optical crown glass, which shall be entirely achromatic, could never be accurately determined. The chief point of importance, however, being the necessity for very prolonged fusion at a uniform temperature, and a prolonged and, as nearly as possible, uniform reduction of temperature to the desired point of cooling. He then demonstrated, with an improved form of Saelen's phakometer, the perfectly unreliable quality of commercial lenses, showing both their want of symmetry and accuracy of gradation, according to either the English, German or French scales for grading lenses. His experiments were brilliant, and were applauded by the Society.

In the afternoon papers were read by Dr. A. M. Cartilage, of the City Hospital, on Acute Brominism; by Dr. Brandt on Tubular Diarrhoea.

About this time it was moved by Dr. L. P. Yandell, after some preliminary remarks, that a committee be appointed to express the sentiments of the Society as to the recent action of the 80 doctors representing the profession of the State of New York.

The committee was appointed, and reported through its Chairman, Dr. Ochterlony, as follows:

WHEREAS, Resolutions have recently been adopted by the State Medical Association of another State, subversive of the code of ethics of the American Medical Association.

Resolved, That the State Medical Society of Kentucky regard the code of ethics of the American Medical Association the best code now extant for the governance of honorable and scientific medical men, and that we hereby declare our firm and unflinching adherence to the principles of said code, and deprecate any change in it until such a change can be devised as can be clearly shown to be desirable and an improvement upon the code now in force.

Resolved, That our representatives at the approaching meeting of the American Medical Association are hereby instructed to give their votes and influence in favor of the code as it now stands.

Then, after a vote of thanks, including everybody and everything, the Society adjourned to meet in Louisville, on the first Wednesday in April, 1883.

Consultations.

"A single doctor, like a sculler, plies;
The patient lingers and by inches dies;
But two physicians, like a pair of oars,
Waft him with swiftness to the Stygian shores."

Prevention of Venereal Diseases.

From the *Archives of Dermatology* we note that the following Act, prepared by the American Public Health Association, is to be presented to the Legislature of Maryland:—

ARTICLE 1. Be it enacted by the General Assembly of Maryland, That any person who shall knowingly communicate, or be instrumental in communicating, by any direct or indirect means, a contagious disease, such as smallpox, scarlet fever, or venereal disease, shall be deemed guilty of a misdemeanor, and shall be subject, upon conviction in any of the Circuit Courts of the counties of this State, or in the Criminal Court of the city of Baltimore, to a punishment of six months' imprisonment in the House of Correction of Maryland.

ARTICLE 2. Be it further enacted, That if any person, being the owner or occupier of any house, room, or place within the limits of this State, having reasonable cause to believe any person to be affected with a contagious disease, induces or suffers such person to remain or be at that house, room, or place, he shall be deemed guilty of a misdemeanor, and on summary conviction in one of the Circuit Courts of the State, or in the Criminal Court of the city of Baltimore, shall be liable to a penalty not exceeding one hundred dollars, or, at the discretion of the Circuit Courts of the State, or of the Judge of the said Criminal Court, be imprisoned in the county jail of the county in which conviction takes place, or in the Baltimore city jail, for any term not exceeding six months.

ARTICLE 3. And be it further enacted, That the State Board, with the approval of the Governor, and the Health Board of the city of Baltimore, with the approval of the Mayor, shall have power to remove to a hospital or hospitals all persons suffering from contagious diseases, who, from failure to take proper precautions, imperil the health of the community.

ARTICLE 4. And be it further enacted, That this Act shall go into effect on the first day of June, eighteen hundred and eighty-two.

This sets a good example, that all of our States would do well to follow.

Compulsory Vaccination in Indiana.

From the *National Board of Health Bulletin*, we note that the following special rules concerning vaccination have been issued by the Indiana State Board of Health:—

1. After January 1st, 1882, no person, until they have been successfully vaccinated, shall be admitted into any public or private school or institution of learning within this State, either in the capacity of teacher or pupil, and all persons admitted therein shall present to the principal thereof the certificate of a reputable physician as to the fact of their being successfully vaccinated.

2. It shall be the duty of all unvaccinated persons within this State to be successfully vaccinated within sixty days from January 1st, 1882. And all unvaccinated persons coming into the State shall be required to be vaccinated within sixty days after coming into the State.

3. All children born within this State shall be

successfully vaccinated within twelve months after birth. All vaccinations shall be with reliable bovine virus.

British and American Physicians in Paris.

With a view to promote social intercourse and maintain good fellowship between British and American physicians, a society has been formed, under the name of the "British and American Medical Society of Paris." Membership is limited to British subjects and citizens of the United States of America legally entitled to practice as physicians in Paris, and actually doing so. A certain number of dinners are appointed to be held annually; the first took place on February 1st. Among the members who form this society are Dr. McCarthy, Sir John Rose Cormack, Dr. Thomas Bishop, Dr. the Hon. Alan Herbert, Dr. Pratt, Dr. Marion Sims, Dr. Johnston, Dr. Faure-Miller, Dr. Jennings, Dr. Murray, Dr. Pepper, Dr. Rowlatt, and Dr. Loughnam, etc. The President for 1882 is Sir John Rose Cormack, and the Vice-President Dr. Bishop.

Hygienic Value of Electric Lights.

From the *British Medical Journal*, we note that *La Nature* summarizes a communication from Dr. Javal, who believes that the electric light is absolutely without danger to the sight, in consequence of the amount of division that can now be obtained in it. *L'Union Medicale* says, "The observations of Drs. Blasius and Hoppe, in a discussion which took place at a meeting of the Brunswick Society of Natural Sciences, are also noteworthy. These scientists have shown that illumination by the electric light deserves preference over all other methods in use, for the following reasons: 1. It does not pollute the air with deleterious gases or other unhealthy products. 2. It induces a greater visual unity than with daylight and gaslight. The conclusion adopted by the meeting was, that 'the hygienic qualities of the electric light have not hitherto been appraised at their real value.'"

A New Medical College.

A new and apparently very liberal college, to be known as the "Illinois State University of Medicine," has been organized in Chicago. According to the *Chicago Medical Journal and Examiner*, its professorships will be unlimited, a new chair to be created for every worthy candidate, which will probably result in giving the title of "Professor" to every physician in Chicago.

Disinfection.

Dr. Arthur Hill Hassall writes to the *Lancet*, about the danger of conveying contagious diseases from one person to another through the agency of clinical thermometers, and suggests that physicians carry around with them a small phial containing a solution of permanganate of potash or carbolic acid, into which they should dip the thermometer after each use, and then thoroughly dry. Similar precautions should be used in the

case of throat brushes; and since it is almost impossible to ensure the thorough purification of springs that have been used once, imbued with animal matter, more particularly in a state of decomposition, or which have become infected with bacteria, they ought on no account to be used for more than one operation.

D. Hayes Agnew Medical Association.

A number of physicians of Philadelphia have permanently organized the "D. Hayes Agnew Medical Association," by electing as officers for the current year: President, Dr. F. O. Nagle; Vice President, Dr. G. P. Oliver; Secretary, Treasurer and Librarian, Dr. G. Maxwell Christine. Among the objects of the Association are the circulation of medical books, pamphlets, essays and journals, and at the monthly meetings of the body discussion of subjects relative to the profession. The meetings are held on the evening of the first Tuesday in each month.

Hydrophobia.

From a daily cotemporary we note the following marvelous instance of the immense vitality of the toxic agent of rabies; when and where will it stop?

"Some ten days ago, a dog bit a cow. The cow, subsequently, showed signs of hydrophobia, and was killed. A youth, nineteen years of age, who washed the cow's leg after the animal was bitten, and who had a sore on one of his hands, now shows symptoms of hydrophobia."

Examination of Wines.

The *Medical Times and Gazette* says: From the report of the municipal laboratory of Paris, for the month of December, of 409 samples of wine which were purchased and analyzed, only 79 could be described as good, 145 are said to have been "passable," while 146 are pronounced as bad, and 89 as injurious.

OBITUARY NOTICES.

DR. JOHN OSBORN.

Dr. John Osborn, a well-known physician of New York, died at his residence, at No. 259 West Thirty-fourth street, on Friday, the 24th of March, from softening of the brain, in the sixty-fourth year of his age. Dr. Osborn was born in New York city in December, 1818, and was a lineal descendant from the Rev. Samuel Osborn, who was Rector of the first Episcopal church established in East Hampton, Mass. in 1718. Dr. Osborn's profession might be called hereditary, as his ancestry for several generations have been active medical practitioners. Dr. Samuel White Osborn was his father, and Dr. John Osborn, a leading physician of Middletown, Conn., his grandfather. His uncle, Dr. John C. Osborn, practiced medicine in New York, and his brother, William F. Osborn, is at present a member of the medical profession. Dr. Osborn's son, John Osborn, Jr., who died a few years ago, at the early age of 25, was also a member of the profession which four generations of his ancestors had followed. Dr. Osborn was educated at Columbia College, and was a graduate of the

Class of '36. He immediately afterward entered the College of Physicians and Surgeons in New York, from which he was graduated in 1839. He has practiced his profession actively in New York since then, until within the last two years, when the disease which caused his death was first fixed upon him. For the last year he has been confined to his house. Dr. Osborn was a member of the New York County Medical Society, and of the Physicians' Mutual Aid Society of New York, at the time of his death.

DR. J. M. LEON.

Dr. J. M. Leon, a well-known physician, died at his residence, Thirty-fourth and Walnut streets, on the 24th ult., at the age of eighty-one years. He was born in France, and served as a surgeon in the armies of that country. In 1832 he came to Philadelphia, built up an extensive practice, and amassed a large fortune. About fifteen years ago he retired from active professional duties, and since then has been regarded as somewhat eccentric. The deceased gentleman's death was caused by pneumonia.

—Dr. William Gould, an old citizen of Buffalo, is dead. He was born in Cambria, Niagara county, N. Y., June 21st, 1811, and went to Buffalo when a young man. He was graduated at the Buffalo Medical College in 1850. The only public office he ever held was that of Health Physician. He was thoroughly conscientious in whatever work he undertook, and kind-hearted, charitable, and genial.

QUERIES AND REPLIES.

W. H. H.—The formula for Fehling's Solution:—

R.	Cupri sulph.	5ij
	Sod. and pot. tart.,	3iiss
	Liq. sodii.	℥vss
	Aq. destill.,	q. s. ad.
		℥vss.

A. G. M.—In relaxation of the Pelvic Symphyses, Prof. Luak, of New York, recommends a pair of strong breeches, carefully fitted to the thighs and hips of the patient, and made to buckle in front and lace behind. The apparatus is light, comfortable, and answers every requirement.

MARRIAGES.

MYERS-SMITH.—At Louisville, Ky., March 7th 1882, by Rev. J. O. Converse, J. Myers, M.D., of Reno, Ind., and Annie G. Smith, of Louisville.

PITNEY-BLACKMAN.—In Absecon, N.J., March 21st, 1882, by Rev. Allen H. Brown, Jonathan Kay Pitney, M.D., and Charlotte Amanda Blackman, of Port Republic, N. J.

DEATHS.

BURTON.—In Ludlow, Vt., March 20th, 1882, Dr. Putnam Burton, 76 years of age.

CATHCART.—In this city, on the evening of the 28th of March, 1882, Dr. Thomas Holmes Cathcart.

KENDERDINE.—In this city, on the 27th inst., Robert S. Kenderdine, M.D., aged fifty-one years.

MOORE.—Suddenly, at Germantown, Phila., on Saturday morning, March 25th, Thomas Moore, M.D.

PERRY.—In Brooklyn, N. Y., on Wednesday morning, March 29th, John Schoolcraft Perry, M.D., son of Amos S. and Sarah H. Perry, in the 31th year of his age.

SOLLIDAY.—At his residence, Sunnyside, Montgomery Co., Pa., Dr. Samuel Solliday.